

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>10/01/2021</u> and ending <u>09/30/2022</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>ST. LUKE HOME HEALTH RETIREMENT SAVINGS 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>05/01/2002</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>64-0902808</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>601-249-1806</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621610</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/2002</u>		2b Employer Identification Number (EIN) <u>64-0902808</u>		2c Plan Sponsor's telephone number <u>601-249-1806</u>		2d Business code (see instructions) <u>621610</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>05/01/2002</u>											
2b Employer Identification Number (EIN) <u>64-0902808</u>											
2c Plan Sponsor's telephone number <u>601-249-1806</u>											
2d Business code (see instructions) <u>621610</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>ST. LUKE FOUNDATION</u> <u>P.O. BOX 1307</u> <u>MCCOMB, MS 39649</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.	07/14/2023	MALLORY GINN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	226
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)	156
a(2) Total number of active participants at the end of the plan year		6a(2)	142
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	92
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	234
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	234
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	162
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	7
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2J 2K 2L 2M 2T 3D			
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>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022	
A Name of plan ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. LUKE FOUNDATION	D Employer Identification Number (EIN) 64-0902808

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

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	64358	102	10/01/2021	09/30/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	157253
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	162803
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	2751	
	(4) Transferred from separate account.....	7c(4)	16879	
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	19630
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	182433
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	9481	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	15215	
	(4) Other (specify below)	7e(4)	484	
	▶ CONTRACT SURRENDER CHARGES			

(5) Total deductions	7e(5)	25180
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	157253
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022	
A Name of plan ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. LUKE FOUNDATION	D Employer Identification Number (EIN) 64-0902808

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

(a) Name of insurance carrier
AMERICAN UNITED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	R00226	1	10/01/2021	09/30/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	10566
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b	Balance at the end of the previous year	7b	76
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)	42	
	(3) Interest credited during the year.....	7c(3)		
	(4) Transferred from separate account.....	7c(4)	962	
	(5) Other (specify below).....	7c(5)	9494	

▶ **FORFEITURES**

(6) Total additions	7c(6)	10498
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	10574
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e Deductions:

	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier.....	7e(2)	8	
	(3) Transferred to separate account.....	7e(3)		
	(4) Other (specify below).....	7e(4)		

▶

(5) Total deductions	7e(5)	8
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	10566
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. LUKE FOUNDATION	D Employer Identification Number (EIN) 64-0902808	

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)

MATRIX TRUST COMPANY

75-3182674

(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?
19 21 25 62	NONE	0	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 ☐

(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
MATRIX TRUST COMPANY	19 21 25 62	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ONEAMERICA RETIREMENT SERVICES LLC 46-5378846	ONEAMERICA HAS AN AGREEMENT WITH MATRIX TRUST COMPANY TO PAY \$1,250 ANNUAL TRUST AND CUSTODY FEE PLUS 2 BASIS POINTS ON MARKET VALUE ANNUALIZED MONTHLY.	
(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:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 ST. LUKE FOUNDATION	D Employer Identification Number (EIN) 64-0902808	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	100	419
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1212	0
(2) Participant contributions.....	1b(2)	2770	0
(3) Other	1b(3)	23	1939
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	945	997
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	51034	85328
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2341838	2264862
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	162879	167819
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	2560801 2521364
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	11506 23935
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	11506 23935
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2549295 2497429

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
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	71812
	(B) Participants	2a(1)(B)	233131
	(C) Others (including rollovers).....	2a(1)(C)	212636
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	517579
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	947
	(F) Other	2b(1)(F)	2780
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3727
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	17542
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	17542
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-510466
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		28382
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	69510	
(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)		69510
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		5066
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	1548	
(2) Contract administrator fees.....	2i(2)	3616	
(3) Investment advisory and management fees.....	2i(3)	508	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		5672
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		80248
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-51866
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: CARR, RIGGS & INGRAM, LLC

(2) EIN: 72-1396621

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		19239

	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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan <u>ST. LUKE HOME HEALTH RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. LUKE FOUNDATION</u>	D Employer Identification Number (EIN) <u>64-0902808</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>74-1625348</u> <u>75-3182674</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

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

Part III	Amendments
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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 _____

**ST. LUKE HOME HEALTH
RETIREMENT SAVINGS PLAN**

**FINANCIAL STATEMENTS
(AND SUPPLEMENTAL SCHEDULES)**

September 30, 2022 and 2021

**REPORT**

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SUPPLEMENTAL SCHEDULES

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	20
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Note: 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 (ERISA) have been omitted because the conditions under which they are required are not present.

INDEPENDENT AUDITORS' REPORT

Board of Trustees
St. Luke Home Health
Retirement Savings Plan
McComb, Mississippi

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

We have performed an audit of the accompanying financial statements of St. Luke Home Health Retirement Savings 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 as of September 30, 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, 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 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 September 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above 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

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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.

Responsibilities of Management for the Financial Statements

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

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

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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if

there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our 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 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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.

Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Delinquent Participant Contributions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's

Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 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 generally accepted auditing standards. 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.

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 their 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).

Carr, Riggs & Ingram, L.L.C.

Laurel, Mississippi
July 14, 2023

INDEPENDENT AUDITORS' REPORT

Board of Trustees
St. Luke Home Health
Retirement Savings Plan
McComb, Mississippi

We were engaged to audit the accompanying statement of net assets available for benefits of St. Luke Home Health Retirement Savings Plan (the Plan) as of September 30, 2021, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2021 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Variable Annuity Life Insurance Company ("VALIC") and Matrix Trust Company ("Matrix"), the trustees of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of September 30, 2021 that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2021 financial statement. Accordingly, we do not express an opinion on the 2021 financial statement.

Report on Form and Content in Compliance With DOL Rules and Regulations for 20X1 Financial Statement

The form and content of the information included in the 2021 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Carr, Riggs & Ingram, L.L.C.

Laurel, Mississippi
July 14, 2023

St. Luke Home Health Retirement Savings Plan
Statements of Net Assets Available for Benefits

September 30,	2022	2021
Assets		
Cash	\$ 419	\$ 100
Investments		
Investments at fair value	2,265,859	2,342,783
Investments at contract value	167,819	162,879
Total investments	2,434,097	2,505,762
Receivables		
Employer contributions	-	1,212
Participant contributions	-	2,770
Other receivables	1,939	23
Notes receivable from participants	116,730	81,188
Total receivables	118,669	85,193
Total assets	2,552,766	2,590,955
Liabilities		
Accrued expenses	-	100
Prepaid contributions	23,935	11,406
Total liabilities	23,935	11,506
Net assets available for benefits	\$ 2,528,831	\$ 2,579,449

The accompanying notes are an integral part of these financial statements.

St. Luke Home Health Retirement Savings Plan
Statement of Changes in Net Assets Available for Benefits

<i>For the Year Ended September 30,</i>	2022
Additions	
Investment income (loss)	
Net depreciation in value of investments	\$ (510,466)
Interest and dividend income	20,322
Total investment income (loss)	(490,144)
Interest income on notes receivable from participants	2,195
Contributions	
Employer	71,812
Employee	233,131
Rollover	209,951
Other	2,685
Total contributions	517,579
Total additions	29,630
Deductions	
Benefits paid to participants	69,510
Deemed distributions of participant loans	5,066
Administrative expenses	5,672
Total deductions	80,248
Net decrease in net assets available for benefits	(50,618)
Net Assets Available for Benefits	
Beginning of year	2,579,449
End of year	\$ 2,528,831

The accompanying notes are an integral part of these financial statements.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 1: DESCRIPTION OF PLAN

The following description of the St. Luke Home Health Retirement Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of St. Luke Home Health Services, LLC (the "Company"). The Plan is subject to the provisions of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Trustees is responsible for oversight of the Plan. The Board of Trustees determines the appropriateness of the Plan's investment offerings and the Plan Administrator monitors investment performance and reports to the Plan's Board of Trustees.

Effective February 11, 2021, St. Luke Home Health Services, LLC restated the Plan document by adopting a new 403(b) Volume Submitter Plan with OneAmerica Retirement Services, LLC. As of September 30, 2022 and 2021, the plan had assets with both The Variable Annuity Life Insurance Company ("VALIC"), the prior trustee and custodian, and Matrix Trust Company through OneAmerica Retirement Services, LLC (OneAmerica). Changes to the plan included the following:

- Changed the definition of compensation from W-2 wages to Code 3401 federal income tax withholding wages increased by elective deferrals.
- Hours of service was changed from the equivalency method (monthly) to actual hourly method.

Both VALIC and OneAmerica manage Plan assets, invest contributions and plan earnings, make investment transactions as directed by the Plan participants and provides certain recordkeeping services. Both VALIC and OneAmerica act as the third-party administrators for the Plan, which perform certain plan administration and annual ERISA compliance testing. Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Eligibility

All employees who normally work 20 or more hours per week are eligible to make salary deferral contribution elections as of their employment commencement date. Employees are eligible for employer contributions upon attainment of age 21 and completion of one year of service. A year of service is defined as being credited with at least 1,000 hours of service during a plan year.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Contributions

Each year, participants may contribute to the plan the lesser of 100 percent of includible compensation or \$20,500 for 2022. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified retirement plans (i.e. rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan. Employer matching contributions are made at a rate equal to 50 percent of the elective deferrals of each employee who is eligible for employer contributions. An employee's elective deferral in excess of 6 percent of compensation is not considered for purposes of the employer matching contribution. The employer has the discretion to vary the rate of employer matching contributions from plan year to plan year. Employer contributions for a plan year will not be allocated to an employee's account unless the employee has completed a year of service during such plan year. Corrective distributions are netted against contributions. Contributions are subject to certain Internal Revenue Services (IRS) limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of service. A participant is 100 percent vested after three years of credited service.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account. For loans with VALIC, at the end of each quarter, the interest rate for the following quarter is based on Moody's Average Corporate Yield for the first month of the current quarter, rounded down to the next lower 0.5 percent. For loans with OneAmerica, interest is based on the Wall Street Journal Prime rate plus 1%. Principal and interest is paid either weekly, bi-weekly, or monthly as specified in each participant's loan agreement.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 1: DESCRIPTION OF PLAN (CONTINUED)

Prepaid Contributions

Prepaid contributions represent excess employer contributions to the plan that were refunded from participants' accounts and are available for future employer contributions.

Benefit Payments

Distributions from a participant's account may not be made earlier than the earliest of severance from employment, death, disability, or attaining age 59½. Upon the occurrence of any of the distributable events, benefits should not be payable in any form other than a Qualified Joint and Survivor Annuity unless a Qualified Election to waive the Qualified Joint and Survivor Annuity has been made.

Forfeitures

At September 30, 2022 and 2021, the forfeited non-vested account totaled \$11,563 and \$1,021, respectively. This account is used to reduce future employer contributions. In 2022, there were no reductions in employer contributions from forfeited non-vested accounts.

Hardship Withdrawals

As permitted by the Internal Revenue Code (IRC) and in accordance with the plan agreement, a participant may request a financial hardship withdrawal if they experience an immediate and heavy financial need and the amount requested is necessary to satisfy the financial need. The financial hardship withdrawal may not exceed the amount of the financial hardship or the value of the vested portion of the participant's balance, whichever is less.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments generally are reported at fair value, but may also be reported at contract value or net asset value (NAV). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 and Note 5 for further discussion of fair value measurements, contract value, and NAV.

The Plan Administrator determines the Plan's valuation policies utilizing information provided by VALIC and Matrix through OneAmerica.

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. The net appreciation (depreciation) in value of investments includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of September 30, 2022 and 2021.

When a loan goes into default but cannot be distributed because no distributable event has occurred, the loan collateral must remain in the participant account as part of the Plan assets. The total amount of loans in default being reported in Plan assets as of September 30, 2022 and 2021 was \$31,402 and \$30,154, respectively.

Excess Contribution Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions.

Payment of Benefits

Distributions to participants are recorded when paid.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

Expenses attributable to general plan administration were paid by the Plan, unless otherwise paid by the Company. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that these changes could materially affect amounts reported in the Plan's financial statements.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, July 14, 2023, and determined that there were no events that occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

NOTE 3: INFORMATION CERTIFIED BY QUALIFIED INSTITUTION

The Plan Administrator has elected the method of compliance, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. The following financial information included in the Plan's financial statements was obtained by management and has been derived from information certified to be complete and accurate by VALIC and Matrix through OneAmerica under such regulations:

- a) Total investments, at fair value and contract value, included in the statements of net assets available for benefits at September 30, 2022 and 2021.
- b) Notes receivable from participants, included in the statements of net assets available for benefits at September 30, 2022 and 2021.
- c) Interest income on notes receivable from participants, included in the statement of changes in net assets available for benefits for the year ended September 30, 2022.
- d) Investment income information included in the statement of changes in net assets available for benefits for the year ended September 30, 2022.
- e) All amounts included in Note 4, Fair Value Measurements.
- f) All amounts included in Note 5, Investments Reported at Contract Value.
- g) All information included in the supplemental schedule of assets (held at end of year) as of September 30, 2022.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices, such as:

- 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; or
 - can be corroborated by observable market data.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for Plan investments. There have been no changes in the methodologies used at September 30, 2022 and 2021.

Interest-bearing cash: Value is stated at cost, which approximates fair value.

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

Pooled separate accounts: The Plan's pooled separate accounts at VALIC are valued based on net asset value (NAV) per share at the close of each business day as reported by each fund, which is then adjusted for dividends and separate account fees. Accordingly, these NAV based investments are reported using the NAV practical expedient and have been excluded from the fair value hierarchy levels since they are not traded on an active market.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan Administrator believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in different fair value measurements at the reporting date.

The following tables set forth by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2022 and 2021:

	2022			
	Level 1	Level 2	Level 3	Total
Interest-Bearing Cash	\$ 997	\$ -	\$ -	\$ 997
Mutual Funds	681,226	-	-	681,226
Total investments	\$ 682,223	\$ -	\$ -	682,223
Pooled separate accounts ^(A)				1,583,636
Investments at fair value				\$ 2,265,859

	2021			
	Level 1	Level 2	Level 3	Total
Interest-Bearing Cash	\$ 945	\$ -	\$ -	\$ 945
Mutual Funds	\$ 325,899	-	-	325,899
Total investments	\$ 326,844	\$ -	\$ -	326,844
Pooled separate accounts ^(A)				2,015,939
Investments at fair value				\$ 2,342,783

(A) Investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables above are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 4: FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes information related to the pooled separate accounts at VALIC measured at fair value based on NAV per share as of September 30, 2022 and 2021, respectively. The pooled separate accounts are maintained by VALIC and hold investments in accordance with a stated set of objectives.

Year-End	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
September 30, 2022	\$ 1,583,636	\$ -	Immediate	None
September 30, 2021	\$ 2,015,939	\$ -	Immediate	None

NOTE 5: INVESTMENTS REPORTED AT CONTRACT VALUE

The Plan has entered into traditional fully benefit-responsive guaranteed investment contracts for the years ended September 30, 2022 and 2021 with VALIC totaling \$157,253 and \$162,803, respectively, and OneAmerica totaling \$10,566 and \$76, respectively.

These contracts meets the fully benefit-responsive investment contract criteria and therefore are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under the contract, plus earnings, less any withdrawals..

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan, (4) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the plan to transact at contract value with the participants.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 5: INVESTMENTS REPORTED AT CONTRACT VALUE (CONTINUED)

VALIC

VALIC maintains the contributions in two general accounts, the Fixed Account Plus and Short-term Fixed Account. These accounts are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

For crediting interest to the Fixed Account Plus account, VALIC declares a "current" interest rate at the beginning of each month applicable to contributions received during that month. The current rate declared is guaranteed until the end of that calendar year for contributions received that month. It is VALIC's intent to continue to credit interest at the same rate for such contributions for an additional calendar year. At the beginning of the third calendar year, such contributions earn interest at a new declared pool rate. This rate is established January 1 of each calendar year and is guaranteed for that entire calendar year. The contractually guaranteed minimum interest rate is applicable for the lifetime of the contract. Transfers of up to 20 percent per year from the Fixed Account Plus option are permitted.

Short-term Fixed Account crediting rates are established on a portfolio basis, whereby all deposits in the option receive the same crediting rate, regardless of initial date of deposit. Once a transfer has been made into the Short-term Fixed Account, no transfers from this account will be permitted for 90 days.

OneAmerica

The AUL Stable Value Account is an interest-earning investment option, backed by AUL's general account assets. An interest rate is declared prior to the beginning of a calendar year and is guaranteed for that year until the new rate is set for the next year.

In setting an interest rate for the Stable Value Account, AUL takes into account the expected earnings on investments over the time period the rate will be effective and the expected operational expenses over that time period, including but not limited to, the cost of providing administrative and recordkeeping services to its Retirement Services clients, expenses related to the acquisition of new business, the cost of capital, general overhead costs and profit. Over the last three years, the cost of providing administrative and recordkeeping services to Retirement Services clients has averaged 0.55%.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 6: TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code. The terms of the plan have been prepared to conform to the listing of 403(b) plans that have been pre-approved by the Internal Revenue Service ("IRS"). For the Volume Submitter 403(b) Plan with VALIC Retirement Services Company, the IRS determined and informed the Company by a letter dated April 5, 2018, that the Plan and related trust were designed in accordance with the applicable sections of the IRC. For the Volume Submitter 403(b) Plan with OneAmerica Financial Partners, Inc., the IRS determined and informed the Company by a letter dated November 22, 2017, that the Plan and related trust were designed in accordance with the applicable sections of the IRC. The Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trusts are tax-exempt.

Tax positions are recognized only if it is "more likely than not" that the tax position be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax position is recorded. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7: RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

Certain Plan investments are managed by VALIC and OneAmerica as the trustee and custodian for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Fees paid to VALIC for managing investments and paid to OneAmerica for recordkeeping services, qualify as party-in-interest transactions. The amounts paid to VALIC and OneAmerica for these services was \$5,164 for the year ended September 30, 2022.

NOTE 8: PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in any employer contributions in their accounts.

St. Luke Home Health Retirement Savings Plan

Notes to the Financial Statements

NOTE 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2022 and 2021 to Schedule H, Part I of the Form 5500, as well as a reconciliation of the net decrease in net assets available for benefits for the year ended September 30, 2022 to Schedule H, Part II, of the Form 5500.

	2022	2021
Net assets available for benefits per the financial statements	\$ 2,528,831	\$ 2,579,449
Participant loans that are "deemed distributed" per the Form 5500, but are still reported in the financial statements in accordance with generally accepted accounting principles	(31,402)	(30,154)
Net assets available for benefits per the Form 5500	\$ 2,497,429	\$ 2,549,295
Net decrease in net assets available for benefits per the financial statements	\$ (50,618)	
Interest earned on prior year participant loans in default that are still included in plan assets for the financial statements, but are not reported on the Form 5500.	(1,248)	
Net decrease in net assets available for benefits per the Form 5500	\$ (51,866)	

NOTE 10: PROHIBITED TRANSACTIONS AND OTHER NONCOMPLIANCE ISSUES

During the year ended September 30, 2022, the Company failed to deposit \$19,239 of participant deferrals within the required timeframe as stated by the United States Department of Labor regulations. The Plan sponsor remitted these late contributions prior to September 30, 2022, but has not remitted the lost earnings.

In addition, the plan failed to obtain required spousal consent for a participant loan. OneAmerica and the plan sponsor are currently working to obtain the missing spousal consent.

St. Luke Home Health Retirement Savings Plan
EIN# 64-0902808, Plan # 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
September 30, 2022

Issuer (a)	Identity of Issue or borrower (b)	Description of Investment (c)	Cost (d) **	Current Value (e)
*	VALIC General Account	Fixed Account Plus	\$ -	\$ 133,311
*	VALIC General Account	Short-term Fixed Account	-	23,942
*	VALIC General Account	Forfeitures - Interest-bearing Cash Account	-	997
*	VALIC Separate Account	Aggressive Growth Lifestyle Fund	-	94,703
*	VALIC Separate Account	American Beacon Bridgeway Large Cap Growth Fund	-	3,121
*	VALIC Separate Account	Ariel Appreciation Fund	-	8,595
*	VALIC Separate Account	Ariel Fund	-	5,180
*	VALIC Separate Account	Asset Allocation Fund	-	305
*	VALIC Separate Account	Blue Chip Growth Fund	-	19,944
*	VALIC Separate Account	Capital Appreciation Fund	-	715
*	VALIC Separate Account	Conservative Growth Lifestyle Fund	-	823
*	VALIC Separate Account	Core Bond Fund	-	37,158
*	VALIC Separate Account	Dividend Value Fund	-	474
*	VALIC Separate Account	Emerging Economies Fund	-	36,739
*	VALIC Separate Account	Global Real Estate Fund	-	14,376
*	VALIC Separate Account	Global Strategy Fund	-	513
*	VALIC Separate Account	Growth Fund	-	5,460
*	VALIC Separate Account	High Yield Bond Fund	-	2,757
*	VALIC Separate Account	Inflation Protected Fund	-	8,596
*	VALIC Separate Account	International Value Fund	-	64,500
*	VALIC Separate Account	International Equities Index Fund	-	69,170
*	VALIC Separate Account	International Opportunities Fund	-	33,970
*	VALIC Separate Account	International Socially Responsible Fund	-	405
*	VALIC Separate Account	Invesco Balanced-Risk Commodity Strategy Fund	-	11,944
*	VALIC Separate Account	Large Capital Growth Fund	-	15,194
*	VALIC Separate Account	Mid Cap Index Fund	-	148,764
*	VALIC Separate Account	Mid Cap Strategic Growth Fund	-	9,582
*	VALIC Separate Account	Mid Cap Value Fund	-	33,875
*	VALIC Separate Account	Moderate Growth Lifestyle Fund	-	147,738
*	VALIC Separate Account	Nasdaq-100 Index Fund	-	12,864
*	VALIC Separate Account	Science & Technology Fund	-	21,349
*	VALIC Separate Account	Small Cap Growth Fund	-	2,037
*	VALIC Separate Account	Small Cap Index Fund	-	11,568
*	VALIC Separate Account	Small Cap Value Fund	-	88,931
*	VALIC Separate Account	Stock Index Fund	-	200,420
*	VALIC Separate Account	Systematic Core Fund	-	15,641
*	VALIC Separate Account	Systematic Value Fund	-	2,158
*	VALIC Separate Account	U.S. Socially Responsible Fund	-	142,293
*	VALIC Separate Account	Vanguard LifeStrategy Conservative Growth Fund	-	425
*	VALIC Separate Account	Vanguard LifeStrategy Moderate Growth Fund	-	2,740
*	VALIC Separate Account	Vanguard Long-Term Treasury Fund	-	2,304
*	VALIC Separate Account	Vanguard Long-Term Investment-Grade Fund	-	7,959
*	VALIC Separate Account	Vanguard Wellington Fund	-	195,326
*	VALIC Separate Account	Vanguard Windsor II Fund	-	68,172
	Goldman Sachs	Goldman Sachs VIT Government MMkt Instl	-	34,848

Continued

St. Luke Home Health Retirement Savings Plan

EIN# 64-0902808, Plan # 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued)

September 30, 2022

Issuer (a)	Identity of Issue or borrower (b)	Description of Investment (c)	Cost (d) **	Current Value (e)
*	One America General Account	AUL Stable Value Fund	\$ -	\$ 10,566
*	One America	Element Aggressive	-	6,187
	American Century	American Century Focused Dynamic Growth Fund	-	14,236
	American Century	American Century Small Cap Value Fund	-	10,206
	Fidelity	Fidelity 500 Index Fund	-	4,854
	Fidelity	Fidelity Mid Cap Index Fund	-	3,917
	JP Morgan	JPM Smart Retirement 2020 Fund	-	2,605
	JP Morgan	JPM Smart Retirement 2025 Fund	-	40,678
	JP Morgan	JPM Smart Retirement 2030 Fund	-	201,232
	JP Morgan	JPM Smart Retirement 2035 Fund	-	149,313
	JP Morgan	JPM Smart Retirement 2040 Fund	-	55,345
	JP Morgan	JPM Smart Retirement 2045 Fund	-	91,661
	JP Morgan	JPM Smart Retirement 2050 Fund	-	43,973
	JP Morgan	JPM Smart Retirement 2055 Fund	-	25,760
	JP Morgan	JPM Smart Retirement 2060 Fund	-	18,661
	JP Morgan	JPMorgan Mid Cap Growth	-	9,659
	Vanguard Funds	Vanguard Equity Income Fund	-	2,939
Total Investments				2,433,678
*	Notes Receivable from Participants	Interest rates ranging from 2.50% to 7.25%		116,730
Total				\$ 2,550,408

* Denotes Party-in-Interest

** Cost not required for participant-directed investments

St. Luke Home Health Retirement Savings Plan

EIN# 64-0902808, Plan # 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

September 30, 2022

Participant Contributions Transferred Late to Plan		Total that Constitute Prohibited Nonexempt Transactions			Total Fully Corrected Under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transactions Exemption (PTE) 2002-51*
Plan Year	Check Here if Late Participant Loan Repayments are Included	Contributions Not Corrected	Contributions Corrected Outside of VFCP*	Contributions Pending Correction in VFCP	
2022		\$ -	\$ 19,239	\$ -	\$ -

Attachment to 2021 Form 5500
Schedule H, line 4a – Schedule of Delinquent Participant Contributions

Plan Name St. Luke Home Health Retirement Savings Plan **EIN:** 64-0902808

Plan Sponsor's Name St. Luke Foundation **PN:** 001

	Total that Constitute Nonexempt Prohibited Transactions	
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Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Totally Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are Included: ☐	19,239		0	0

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Valu
* AMERICAN UNITED LIFE INSURANCE CO	AUL GTD BENEFIT UNALLOCATED GRP RETIR ANNUITY E	**	10,566
* VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS	**	133,311
* VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT	**	23,942
AMERICAN CENTURY FUNDS	AMERICAN CENTURY FOCUSED DYNAMIC GR R6	**	14,236
AMERICAN CENTURY FUNDS	AMERICAN CENTURY SMALL CAP VALUE R6	**	10,206
ELEMENT FUNDS	ELEMENT AGGRESSIVE	**	6,187
FIDELITY FUNDS	FIDELITY 500 INDEX INSTITUTIONAL PREM	**	4,853
FIDELITY FUNDS	FIDELITY MID CAP INDEX INSTL PREM	**	3,917
JP MORGAN ASSET MANAGEMENT	JP MORGAN MID CAP GROWTH R6	**	9,659
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2020	**	2,605
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2025	**	40,678
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2030	**	201,233
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2035	**	149,314
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2040	**	55,346
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2045	**	91,661
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2050	**	43,973
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2055	**	25,760
JP MORGAN ASSET MANAGEMENT	JP MORGAN SMART RETIREMENT BLEND 2060	**	18,661
VANGUARD FUNDS	VANGUARD EQUITY INCOME ADM	**	2,939
* VALIC SEPARATE ACCOUNT A	GS VIT GOVT MONEY MKT FD INST	**	34,848
* VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE	**	94,703
* VALIC SEPARATE ACCOUNT A	AMER BEACON BRDWHY LRG CP GRW I	**	3,121
* VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND	**	8,595
* VALIC SEPARATE ACCOUNT A	ARIEL FUND	**	5,180
* VALIC SEPARATE ACCOUNT A	ASSET ALLOCATION FUND	**	305
* VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND	**	19,945
* VALIC SEPARATE ACCOUNT A	CORE BOND FUND	**	37,158
* VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE	**	474
* VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES	**	36,739
* VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND	**	14,376
* VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY	**	513
* VALIC SEPARATE ACCOUNT A	GROWTH FUND	**	5,460
* VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND	**	2,757
* VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND	**	8,596
* VALIC SEPARATE ACCOUNT A	INTERNATIONAL VALUE FUND	**	64,500
* VALIC SEPARATE ACCOUNT A	INTERNATL EQUITIES INDEX FUND	**	69,170
* VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES	**	33,970
* VALIC SEPARATE ACCOUNT A	INTL SOCIALLY RESPONSIBLE FUND	**	405
* VALIC SEPARATE ACCOUNT A	INVESCO BAL RISK COMMODO STR R5	**	11,944
* VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH	**	15,194
* VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND	**	148,764
* VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH	**	9,582
* VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND	**	33,876
* VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE	**	147,738
* VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND	**	12,864
* VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND	**	21,349
* VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND	**	2,037
* VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND	**	11,567
* VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND	**	88,931
* VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND	**	200,420
* VALIC SEPARATE ACCOUNT A	SYSTEMATIC CORE FUND	**	15,641
* VALIC SEPARATE ACCOUNT A	SYSTEMATIC VALUE	**	2,158
* VALIC SEPARATE ACCOUNT A	US SOCIALLY RESPONSIBLE FUND	**	142,293
* VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY CONSER	**	425
* VALIC SEPARATE ACCOUNT A	VANGUARD LIFESTRATEGY MODERA	**	2,740
* VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY	**	2,304
* VALIC SEPARATE ACCOUNT A	VANGUARD LT INV-GRADE FUND	**	7,959
* VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND INC	**	195,326
* VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II	**	68,172
* VALIC SEPARATE ACCOUNT A	VC I CAPITAL APPRECIATION	**	715
* VALIC SEPARATE ACCOUNT A	VC I CONSERV GROWTH LIFESTYLE	**	823
* PARTICIPANT LOANS	INTEREST RATE RANGE: 2.50% - 7.25%	**	85,328

* A party-in-interest as defined by ERISA

** Cost omitted for participant directed accounts