Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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.)
- [X] 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:
- [X] 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
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/24/2012

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)
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.

10010 CAMPUS POINT DRIVE, CPC 305
SAN DIEGO, CA 92121

2b Employer Identification Number (EIN) 45-3998554

2c Plan Sponsor's telephone number 858-678-6511

2d Business code (see instructions) 621111

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/28/2023	JASON COOK
	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

3a Plan administrator's name and address [X] 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**	135
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)**	117
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	128
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	21
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	149
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	149
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	122
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 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)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
45-3998554

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] 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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65	RECORDKEEPER	188	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AMG GW&K SM MD CP I - BNY MELLON I	301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AMG TS MID CAP GR N - BNY MELLON I	301 BELLEVUE PARKWAY WILMINGTON, DE 19809	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
ARTISAN MID CAP VAL - DST ASSET MA	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
AS SMALL CO VALUE A - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.55%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BARON ASSET FUND - DST SYSTEMS INC 43-1581814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
BARON SMALL CAP - DST SYSTEMS INC 43-1581814	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
DODGE&COX INTL STK I - DST ASSET M	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
MNSTY/E US EQ YLD I - NYLIM SERVIC 52-2206685		0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	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.
PIMCO TOT RETURN ADM - DST ASSET M	430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%

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 D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
45-3998554

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MIP II CL 1

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-025	C	22024

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

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b Name of plan sponsor

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a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

a Plan name

b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
45-3998554

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	557162	667179
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	60463	141175
(9) Value of interest in common/collective trusts	1c(9)	29204	22024
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30812976	28271495
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	31459805	29101873
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31459805	29101873

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1546395	
(B) Participants	2a(1)(B)	2034003	
(C) Others (including rollovers)	2a(1)(C)	200226	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3780624
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8613	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	3060	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11673
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1973105	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1973105
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)		-1566
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-8000210
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		-2236374
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	111102	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		111102
f Corrective distributions (see instructions)	2f		8365
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	1903	
(4) Other	2i(4)	188	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		2091
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		121558
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2357932
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [X] 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) [X] 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: CONSIDINE & CONSIDINE **(2)** EIN: 95-2694444

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:

		Yes	No	Amount
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.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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.)	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		X	

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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC.

D Employer Identification Number (EIN)
45-3998554

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107 _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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_____

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors
Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan

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

We have performed audits of the accompanying financial statements of Scripps Health Inpatient Providers Medical Group, Inc. 401(k) 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 statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Scripps Health Inpatient Providers Medical Group, Inc. 401(k) 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 audits 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 years ended December 31, 2022 and 2021, stating that the certified investment information, as described in note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's 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 accompanying 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).

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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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. 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 Scripps Health Inpatient Providers Medical Group, Inc. 401(k) 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.

Auditor's 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 of the financial statements, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Scripps Health Inpatient Providers Medical Group, Inc. 401(k) 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 Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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.

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at the end of the year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit

of the 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 schedule, we evaluated whether the supplemental schedule, 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 schedule, other than the information in the supplemental schedule 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 schedule 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).

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An accountancy corporation

September 1, 2023

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021

	2022	2021
ASSETS		
INVESTMENTS (note 5)		
Investments at fair value (note 5)	$ 28,271,495	$ 30,812,976
Money market funds	667,179	557,162
Common collective trust funds (note 6)	22,024	29,204
	28,960,698	31,399,342
RECEIVABLES		
Employer's contribution	1,762,498	1,554,760
Notes receivable from participants (note 5)	141,175	60,463
	1,903,673	1,615,223
TOTAL ASSETS	30,864,371	33,014,565
LIABILITIES		
Excess contributions payable	-	8,365
NET ASSETS AVAILABLE FOR BENEFITS	$ 30,864,371	$ 33,006,200

See accompanying notes

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
CHANGES TO NET ASSETS ATTRIBUTED TO:		
NET INVESTMENT INCOME/(LOSS) (note 5)		
Interest and dividends on investments	$ 1,981,718	$ 2,448,140
Net appreciation/(depreciation) in fair value of investments	(8,001,776)	1,385,332
	(6,020,058)	3,833,472
CONTRIBUTIONS		
Employee	2,034,003	1,817,560
Employer	1,762,498	1,554,760
Rollover	200,226	3,906,364
	3,996,727	7,278,684
Interest income on notes receivable from participants (note 5)	3,060	5,251
TOTAL CHANGES	(2,020,271)	11,117,407
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO :		
Benefits paid to participants	119,467	304,199
Administrator and investment fees (note 4)	2,091	1,621
TOTAL DEDUCTIONS	121,558	305,820
NET INCREASE/(DECREASE)	(2,141,829)	10,811,587
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	33,006,200	22,194,613
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	$ 30,864,371	$ 33,006,200

See accompanying notes

NOTE 1 DESCRIPTION OF PLAN

The following description of Scripps Health Inpatient Providers Medical Group, Inc. 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan's Sponsor is Scripps Health Inpatient Providers Medical Group, Inc. (the "Company," "Plan Sponsor," or the "Employer").

GENERAL

The Plan, initially adopted September 24, 2012, is a defined contribution plan covering all employees of the Company excluding the following ineligible class of employees: (a) employees covered by a collective bargaining agreement; (b) leased employees; (c) nonresident aliens who do not receive any earned income from the employer which constitutes United States source income; and (d) locum tenens. Eligible employees become eligible for the Plan immediately upon hire. Locum tenens become eligible until they complete 1,000 hours of service during a computation period.

CONTRIBUTIONS

Contributions to the Plan are as follows:

1) Participant contributions - Participants may elect to make pre-tax salary deferral contributions or Roth contributions to the Plan up to the annual limit ($20,500 and $19,500 in 2022 and 2021) established by the Internal Revenue Service ("IRS"). Participants who have attained at least age 50 can make catch-up contributions in addition to the above, up to the maximum amount allowed by the IRS ($6,500 in 2022 and 2021).

2) Rollover contributions - The Plan allows for the participants in a former employer's qualified plan to contribute direct rollovers to this plan, provided the rollover will not jeopardize the tax-exempt status of the Plan or create adverse tax consequences for the Employer.

3) Matching contributions - The Plan allows for the Company to make discretionary matching contributions not to exceed the participant's contribution for the plan year and not to include catch-up contributions. These contributions are made on an annual basis. For the years ended December 31, 2022 and 2021, the amount was equal to each $1.00 of salary deferrals for each participant who worked 1,350 hours during the plan year up to a maximum determined by the Company. For those participants with at least 800 hours of service but less than 1,350 hours during the plan year the Company made a contribution of the same amount as above multiplied by 75 percent.

4) Top heavy minimum contributions – The Company may at times make contributions to non-key participants to satisfy top heavy minimum contribution requirements. For the years ended December 31, 2022 and 2021, no top heavy minimum contributions were made.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, allocations of the Company's contributions and the Plan earnings (net of administrative fees). Allocations are based on participant's compensation or account balance, as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately fully vested in participant contributions and the earnings and appreciation or depreciation thereon. Participants are vested in employer contributions and the earnings and appreciation or depreciation thereon based on years of service as follows:

1 year	50%
2 years	100%
3 years	100%
4 years	100%
5 years	100%

PAYMENT OF BENEFITS

On termination of service, death, disability, attainment of age 59.5, or retirement, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance or annual installments through the year of the participant's death. Account balances for terminated participants that are $5,000 or less will be distributed in a lump sum, or, at the participant's election, will be rolled over to another qualified retirement plan or to an individual retirement account (IRA) of the participants choosing. Account balances for terminated participants that exceed $1,000 may be distributed by the Plan Administrator with the participant's consent, or distributed in a lump sum for less than $1,000. Hardship distributions are not permitted from the participant's employee deferral account.

COMPENSATION

Compensation means the participant's wages which includes compensation paid before becoming a participant of the Plan, and amounts that are paid after a participant's severance from employment,

including regular pay, leave cash outs, and deferred compensation. Compensation in excess of $305,000 shall be disregarded for all purposes other than for purposes of salary deferral elections.

ADMINISTRATIVE EXPENSES

All expenses incident to the administration, termination or protection of the Plan, including, but not limited to, legal, accounting and Trustee fees, shall be paid by the Company or, if not paid by the Company, shall be paid by the administrator from the Plan assets. A participant's account balance will be charged with certain fees and expenses. Asset-based fees (e.g. management fees and other operating expenses) are used to cover the expenses related to running an investment fund, and are generally deducted directly from a participant's investment returns. Amounts totaling $2,091 and $1,621 were paid by the Plan for consulting fees, Trustee fees, fees for benefits paid to participants and participant loan fees for the years ended December 31, 2022 and 2021. In addition, the Company provides administrative services to the Plan at no cost to the Plan. Certain investment related expenses are included as a reduction of investment return and are not separately reflected.

INVESTMENT OPTIONS

Participants may invest their entire account in specific assets, specific funds or other investments permitted under the Plan. All participant directed investments shall be charged or credited with the net earnings, gains, losses, and expenses as well as any appreciation or depreciation in the market value.

FORFEITED ACCOUNTS

Non-vested employer matching contributions forfeited by terminated participants may be made available to reinstate previously forfeited account balances of participants, if any, or may be used to satisfy any contribution that may be required pursuant to a participant who was erroneously omitted from the Plan, or used to pay any administrative expenses of the Plan. The remaining forfeitures, if any, shall be used for future employer matching contributions. Non-vested employer non-match contributions forfeited by terminated participants are used to reduce future non-match employer contributions such as discretionary or top-heavy minimum contributions. At December 31, 2022 and 2021, there was $0 of unallocated forfeitures. Forfeitures in the amount of $36,024 and $0 were used for employer contributions for the years ended December 31, 2022 and 2021, respectively.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants are permitted to borrow from their accounts. Loans shall not exceed a participant's vested interest in the Plan, must be adequately secured, and bear a reasonable rate of interest. Loans shall provide for a periodic repayment over a reasonable period of time. No loan to any participant shall be made to the extent that such loan when added to the outstanding balance of all other loans to the

participant would exceed the lesser of (a) $50,000 reduced by the excess (if any) of the highest outstanding balance of plan loans during the one-year period ending on the day before the loan is made over the outstanding balance of plan loans on the date the loan is made, or (b) one-half the present value of the participant's vested interest in his account.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting - The accompanying financial statements have been prepared using the accrual method of accounting in conformity with generally accepted accounting principles (GAAP) in the United States of America.

Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

Investments valuation and income recognition - Investments are stated at fair value as certified by the institution that holds the Plan's assets as an investment manager and are under the custody of the Plan's Trustee. Quoted market prices are used to value investments at fair value. Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on accrual basis. Dividends are recorded on the ex-dividend date.

Investment contracts held by a defined-contribution plan are required to be reported at contract value. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

The Plan follows Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2015-12, Plan Accounting: Defined Contribution Pension Plans (Topic 962): Part (II) Plan Investment Disclosures. This standard simplifies employee benefit plan reporting with respect to plan investment disclosures.

Notes receivable from participants - Loans to participants are reported at the unpaid principal balances plus any accrued but unpaid interest. Notes receivable from participants are reported net of an allowance of $0 as of December 31, 2022 and 2021.

Benefits paid to participants - Benefits are recorded when paid.

Fair value measurement - The Plan follows accounting standards consistent with the FASB Codification which defines fair value, establishes a framework for measuring fair value and enhances disclosures about fair value measurements for all financial assets and liabilities.

Classification and measurement of financial instruments – The Plan follows ASU 2016-01 "Recognition and Measurement of Financial Assets and Financial Liabilities" which amends certain aspects of current guidance on the recognition, measurement and disclosure of financials instruments. Among other changes, this ASU requires most equity investments to be measured at fair value. Additionally, the ASU eliminates the requirement to disclose the method and significant assumptions used to estimate the fair value for instruments not recognized at fair value in the Plan's financial statements.

Income taxes - The pension plan is tax exempt under the Internal Revenue Code Section 401(k) and consequently pays no income tax.

The Plan uses a prototype 401(k) profit sharing agreement provided by the Trustee. The prototype agreement received its most recent opinion letter on March 31, 2014, in which the Internal Revenue Service (IRS) stated that the agreement as then designed was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan adopted this agreement effective August 31, 2015. The agreement has been amended since that time in order to conform to more recent pension laws and regulations. The Plan Sponsor and Fidelity Management Trust Company (the Trustee) believe the Plan is operating in accordance with applicable requirements of the IRC; however no formal determination letter has been received for the amended Plan.

The Plan follows accounting standards for uncertainty in income taxes recognized in the Plan's financial statements and prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. It also provides guidance on derecognition and measurement of a tax position taken or to be taken in a tax return. As of December 31, 2022 and 2021, the Plan has not accrued interest or penalties related to uncertain tax positions.

NOTE 3 PLAN TERMINATION

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

NOTE 4 PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by the Trustee which qualifies these transactions as party-in-interest transactions. Administrative fees incurred by the Plan to the Trustee totaled $2,091 and $1,621 for the years ended December 31, 2022 and 2021. In addition, the Company pays certain administrative

fees of the Plan, which are not reimbursed as well as providing administrative services to the Plan at no cost to the Plan.

NOTE 5 INFORMATION CERTIFIED BY THE TRUSTEE

The Company has obtained certification from the Trustee that all of the information provided to the Company by the Trustee is complete and accurate. The Trustee certification applies to substantially all of the Plan's investment assets, transactions, and supplemental schedules. The Trustee reports such information primarily on a cash basis while the accompanying financial statements and supplemental schedules are presented on an accrual basis. Therefore, certain amounts reflected in the financial statements and supplemental schedules may differ from the information certified by the Trustee.

The following information is prepared and certified by Fidelity Management Trust Company as of December 31:

	2022	2021
Investments at fair value:		
Mutual funds	$ 28,271,495	$ 30,812,976
Money market funds	667,179	557,162
	28,938,674	31,370,138
Investments at NAV:		
Common collective trust funds	22,024	29,204
Notes receivable from participants	141,175	60,463
	$ 29,101,873	$ 31,459,805

	2022	2021
Investment income/(loss):		
Interest and dividends on investments	$ 1,981,718	$ 2,448,140
Interest income on notes receivable from participants	3,060	5,251
Net appreciation/(depreciation) in fair value of investments	(8,001,776)	1,385,332
	$ (6,016,998)	$ 3,838,723

During 2022 and 2021, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated/(depreciated) in value as follows:

	2022	2021
Mutual funds	$ (8,001,776)	$ 1,385,332

NOTE 6 COMMON-COLLECTIVE TRUST

During 2022 and 2021, the Plan held an interest in the Managed Income Portfolio II fund (the "Fund"). The Fund is a commingled pool of the Fidelity Group Trust for Employee Benefit Plans and managed by Fidelity Managed Income Trust Company. The assets of the funds are invested in fixed income securities, shares of money market funds, future contracts, option contracts, and swap agreements. The Fund may also invest in investment contracts offered by insurance companies and other approved financial institutions. The issuers' ability to meet these obligations may be affected by economic developments in their respective companies and industries. Although it is the policy of the Trust to use its best efforts to maintain a stable NAV, there is no guarantee that the Trust will be able to maintain that value. The Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative fees.

NOTE 7 RISKS AND UNCERTAINTIES

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

NOTE 8 FAIR VALUE MEASUREMENTS

The Company follows the methods of fair value measurement to value its financial assets and liabilities. Fair value is based on 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. In order to increase consistency and comparability in fair value measurements, a fair value hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels has been established, which are described below:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to level 1 inputs.

Level 2: Observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in inactive markets; or model-derived valuations in which all significant inputs are observable or can be derived principally from or corroborated with observable market data.

Level 3: Unobservable inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to level 3 inputs.

Money market funds and mutual funds: Money market and mutual fund shares are based on the unit value as determined from the daily price traded on an active market, dividends declared, and capital gains and are classified as level 1 investments.

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

Financial assets carried at fair value are classified below in one of the three categories described above. The table below presents the balances of net assets measured at fair value on a recurring basis as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds	$ 28,271,495	$ -	$ -	$ 28,271,495
Money market funds	667,179	-	-	667,179
	$ 28,938,674	$ -	$ -	$ 28,938,674
Investments measured at NAV:				
Common collective trust funds				22,024
				$ 28,960,698

The table below presents the balances of net assets measured at fair value on a recurring basis as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Assets				
Mutual funds	$ 30,812,976	$ -	$ -	$ 30,812,976
Money market funds	557,162	-	-	557,162
	$ 31,370,138	$ -	$ -	$ 31,370,138
Investments measured at NAV:				
Common collective trust funds				29,204
				$ 31,399,342

NOTE 9 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of total additions per the financial statements to Form 5500:

	2022	2021
Total contributions per the financial statements	$ 3,996,727	$ 7,278,684
Current year employer contributions receivable	(1,762,498)	(1,554,760)
Prior year employer contributions receivable	1,554,760	1,435,942
Current year excess contributions payable	-	8,365
Portion due to earnings on contributions	-	(611)
Prior year excess contributions payable	(8,365)	-
Total contributions per Form 5500	$ 3,780,624	$ 7,167,620

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	2022	2021
Net assets available for benefits per the financial statements	$ 30,864,371	$ 33,006,200
Employer contributions receivable	(1,762,498)	(1,554,760)
Excess contributions payable	-	8,365
Net assets available for benefits per Form 5500	$ 29,101,873	$ 31,459,805

NOTE 10 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 1, 2023, the date which the financial statements were available to be issued. There were no material subsequent events which affected the amounts or disclosures in the financial statements.

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

Plan Sponsor's EIN: 45-3998554
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	FID Freedom 2040 K	Mutual funds	**	$ 3,247,764
*	FID 500 Index	Mutual funds	**	3,239,919
*	FID Freedom 2045 K	Mutual funds	**	2,783,286
*	FID Freedom 2050 K	Mutual funds	**	2,587,648
*	FID Freedom 2035 K	Mutual funds	**	2,105,799
*	FID Freedom 2030 K	Mutual funds	**	1,573,576
*	FID Freedom 2025 K	Mutual funds	**	1,197,113
*	FID Freedom 2055 K	Mutual funds	**	957,632
*	FID Total Mkt Idx	Mutual funds	**	625,312
*	FID Lc Core Enh Indx	Mutual funds	**	512,041
*	FID Govt MMRK PRM	Money market fund	**	422,051
*	FID Sel Biotech	Mutual funds	**	395,506
	Dodge & Cox Intl STK	Mutual funds	**	392,250
*	FID Freedom 2020 K	Mutual funds	**	378,168
*	FID Lc Gro Enh Indx	Mutual funds	**	358,156
*	FID Total Bond	Mutual funds	**	312,200
*	FID Value Discov	Mutual funds	**	290,510
*	FID Emerg Mkts Disc	Mutual funds	**	288,673
*	FID Sel Technology	Mutual funds	**	275,682
*	FID Intm TR BD Idx	Mutual funds	**	248,513
*	FID Blue Chip Gr	Mutual funds	**	229,749
*	FID Contrafund	Mutual funds	**	203,414
*	FID Fidelity Fund	Mutual funds	**	197,097

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

Plan Sponsor's EIN: 45-3998554
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	FID Growth Disc	Mutual funds	**	195,795
*	FID Overseas	Mutual funds	**	194,868
*	FID Mid Cap Stock	Mutual funds	**	176,854
	AMG TS Mid Cap Gr N	Mutual funds	**	167,996
*	FID Intl Index	Mutual funds	**	164,238
*	FID Sm Cap Idx	Mutual funds	**	161,922
*	FID Sm Cap Enh Indx	Mutual funds	**	159,441
*	FID Growth Company	Mutual funds	**	149,292
*	FID Intl Value	Mutual funds	**	145,821
*	FID Glb Ex US Idx	Mutual funds	**	144,565
	PIMCO TOT Return Adm	Mutual funds	**	144,439
*	FID US Bond Idx	Mutual funds	**	143,369
*	FID Emrg Mkts Idx	Mutual funds	**	142,403
*	FID Extd Mkt Idx	Mutual funds	**	140,676
*	FID Freedom 2060 K	Mutual funds	**	136,763
*	FID Govt Mmkt	Money market fund	**	123,298
*	FID Sel Healthcare	Mutual funds	**	122,982
*	FID Magellan	Mutual funds	**	121,791
*	FID OTC Portfolio	Mutual funds	**	109,244
*	FID Mid Cap Idx	Mutual funds	**	108,777
*	FID Freedom 2015 K	Mutual funds	**	105,098
*	FID Gov Cash Reserve	Money market fund	**	101,831
*	FID Sel Semiconduct	Mutual funds	**	98,362
*	FID Sm Cap Discovery	Mutual funds	**	96,769

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

Plan Sponsor's EIN: 45-3998554
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	FID NASDAQ Comp Indx	Mutual funds	**	94,233
*	FID Capital Apprec	Mutual funds	**	93,204
*	FID High Income	Mutual funds	**	90,912
*	FID Value Strat	Mutual funds	**	88,031
*	FID Balanced	Mutual funds	**	83,372
*	FID Sel Software	Mutual funds	**	79,880
*	FID Puritan	Mutual funds	**	76,917
	Baron Small Cap	Mutual funds	**	76,324
*	FID Dividend Gr	Mutual funds	**	74,398
*	FID Sel Gold	Mutual funds	**	66,842
	AS Small Co Value A	Mutual funds	**	66,065
*	FID Multi Asset Idx	Mutual funds	**	65,408
*	FID Asset Mgr 60%	Mutual funds	**	64,484
	Baron Asset Fund	Mutual funds	**	63,661
*	FID Blue Chip Value	Mutual funds	**	61,542
*	FID Value	Mutual funds	**	60,009
	Artisan Mid Cap Val	Mutual funds	**	59,958
*	FID Float Rt Hi Inc	Mutual funds	**	59,586
*	FID Global Eq Income	Mutual funds	**	56,851
*	FID Capital & Income	Mutual funds	**	54,070
*	FID Strat Div & Inc	Mutual funds	**	48,491
*	FID LT TR BD Idx	Mutual funds	**	45,045
*	FID Mid Cap Value	Mutual funds	**	42,217
*	FID Glb Comdty Stk	Mutual funds	**	41,957

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

Plan Sponsor's EIN: 45-3998554
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	FID Intl Small Cap	Mutual funds	**	41,840
*	FID Corporate Bond	Mutual funds	**	41,596
*	FID Intl Cap Apprec	Mutual funds	**	41,321
*	FID Infl PR BD Idx	Mutual funds	**	39,951
*	Fidelity Govt Income	Mutual funds	**	39,761
*	FID Focused High Inc	Mutual funds	**	39,390
*	FID Invst Gr Bd	Mutual funds	**	39,139
*	FID Total Emerg Mkts	Mutual funds	**	38,427
*	FID Low Priced Stk	Mutual funds	**	38,228
*	FID Real Estate Idx	Mutual funds	**	38,204
*	FID Sel Retailing	Mutual funds	**	37,386
*	FID Intermed Bond	Mutual funds	**	37,357
*	FID Intl Growth	Mutual funds	**	37,080
*	FID Mid Cap Enh Indx	Mutual funds	**	36,201
*	FID Large Cap Stock	Mutual funds	**	35,092
*	FID Stk Sel Lg Cap	Mutual funds	**	33,683
*	FID Strategic Income	Mutual funds	**	33,024
*	FID Growth Strat	Mutual funds	**	32,026
*	FID Small Cap Value	Mutual funds	**	29,908
*	FID Pacific Basin	Mutual funds	**	29,148
*	FID Small Cap Growth	Mutual funds	**	28,760
*	FID Small Cap Stock	Mutual funds	**	27,889
*	FID Intm Govt Income	Mutual funds	**	27,877
*	FID Eq Div Income	Mutual funds	**	27,167

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

Plan Sponsor's EIN: 45-3998554
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	FID Ltd Term Govt	Mutual funds	**	25,811
	AMG GW&K Sm Md Cp I	Mutual funds	**	23,584
	MIP II CL 1	Common-collective trust	**	22,024
*	FID Sel Energy	Mutual funds	**	21,134
*	FID Treasury Only MM	Money market fund	**	19,999
*	FID Lc Val Enh Indx	Mutual funds	**	19,762
*	FID Sel Financial	Mutual funds	**	18,013
*	FID Mega Cap Stock	Mutual funds	**	15,623
*	FID New Millen	Mutual funds	**	13,535
*	FID GNMA	Mutual funds	**	12,839
*	FID Sel Wireless	Mutual funds	**	11,672
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*	FID Diversified Intl	Mutual funds	**	6,574
*	FID Mortgage Sec	Mutual funds	**	6,323
*	FID Emerging Asia	Mutual funds	**	6,208
*	FID ST TR BD Idx	Mutual funds	**	5,670
*	FID Natural Res	Mutual funds	**	5,467
*	FID Sel Leisure	Mutual funds	**	4,674
*	FID Sel Cons Staples	Mutual funds	**	3,774

SCRIPPS HEALTH INPATIENT PROVIDERS MEDICAL GROUP, INC. 401(K) PLAN
REQUIRED SUPPLEMENTAL INFORMATION
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2022

Plan Sponsor's EIN: 45-3998554
Plan Number: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
*	FID Intl Sm Cap Opp	Mutual funds	**	2,881
*	FID New Markets Inc	Mutual funds	**	2,748
*	FID Stk Sel Sm Cap	Mutual funds	**	2,716
*	FID Glb High Income	Mutual funds	**	2,681
*	FID Freedom 2065 K	Mutual funds	**	2,649
*	FID Japan Small Co	Mutual funds	**	2,589
*	FID Global Credit	Mutual funds	**	2,552
*	FID Sel Materials	Mutual funds	**	2,438
*	FID Sel Fintech	Mutual funds	**	2,381
*	FID Real Estate Invs	Mutual funds	**	1,388
*	FID Growth & Inc	Mutual funds	**	1,015
*	FID Real Estate Inc	Mutual funds	**	801
				$ 28,960,698

* Indicates an identified person known to be a party-in-interest to the Plan.
** Cost has been omitted as investment is participant directed.

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*	Notes receivable from participants	Various maturity dates Interest rate 4.25% - 7.25%	$ -	$ 141,175

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*	FID Freedom 2040 K	Mutual funds	**	$ 3,247,764
*	FID 500 Index	Mutual funds	**	3,239,919
*	FID Freedom 2045 K	Mutual funds	**	2,783,286
*	FID Freedom 2050 K	Mutual funds	**	2,587,648
*	FID Freedom 2035 K	Mutual funds	**	2,105,799
*	FID Freedom 2030 K	Mutual funds	**	1,573,576
*	FID Freedom 2025 K	Mutual funds	**	1,197,113
*	FID Freedom 2055 K	Mutual funds	**	957,632
*	FID Total Mkt Idx	Mutual funds	**	625,312
*	FID Lc Core Enh Indx	Mutual funds	**	512,041
*	FID Govt MMRK PRM	Money market fund	**	422,051
*	FID Sel Biotech	Mutual funds	**	395,506
	Dodge & Cox Intl STK	Mutual funds	**	392,250
*	FID Freedom 2020 K	Mutual funds	**	378,168
*	FID Lc Gro Enh Indx	Mutual funds	**	358,156
*	FID Total Bond	Mutual funds	**	312,200
*	FID Value Discov	Mutual funds	**	290,510
*	FID Emerg Mkts Disc	Mutual funds	**	288,673
*	FID Sel Technology	Mutual funds	**	275,682
*	FID Intm TR BD Idx	Mutual funds	**	248,513
*	FID Blue Chip Gr	Mutual funds	**	229,749
*	FID Contrafund	Mutual funds	**	203,414
*	FID Fidelity Fund	Mutual funds	**	197,097

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*	FID Growth Disc	Mutual funds	**	195,795
*	FID Overseas	Mutual funds	**	194,868
*	FID Mid Cap Stock	Mutual funds	**	176,854
	AMG TS Mid Cap Gr N	Mutual funds	**	167,996
*	FID Intl Index	Mutual funds	**	164,238
*	FID Sm Cap Idx	Mutual funds	**	161,922
*	FID Sm Cap Enh Indx	Mutual funds	**	159,441
*	FID Growth Company	Mutual funds	**	149,292
*	FID Intl Value	Mutual funds	**	145,821
*	FID Glb Ex US Idx	Mutual funds	**	144,565
	PIMCO TOT Return Adm	Mutual funds	**	144,439
*	FID US Bond Idx	Mutual funds	**	143,369
*	FID Emrg Mkts Idx	Mutual funds	**	142,403
*	FID Extd Mkt Idx	Mutual funds	**	140,676
*	FID Freedom 2060 K	Mutual funds	**	136,763
*	FID Govt Mmkt	Money market fund	**	123,298
*	FID Sel Healthcare	Mutual funds	**	122,982
*	FID Magellan	Mutual funds	**	121,791
*	FID OTC Portfolio	Mutual funds	**	109,244
*	FID Mid Cap Idx	Mutual funds	**	108,777
*	FID Freedom 2015 K	Mutual funds	**	105,098
*	FID Gov Cash Reserve	Money market fund	**	101,831
*	FID Sel Semiconduct	Mutual funds	**	98,362
*	FID Sm Cap Discovery	Mutual funds	**	96,769

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*	FID NASDAQ Comp Indx	Mutual funds	**	94,233
*	FID Capital Apprec	Mutual funds	**	93,204
*	FID High Income	Mutual funds	**	90,912
*	FID Value Strat	Mutual funds	**	88,031
*	FID Balanced	Mutual funds	**	83,372
*	FID Sel Software	Mutual funds	**	79,880
*	FID Puritan	Mutual funds	**	76,917
	Baron Small Cap	Mutual funds	**	76,324
*	FID Dividend Gr	Mutual funds	**	74,398
*	FID Sel Gold	Mutual funds	**	66,842
	AS Small Co Value A	Mutual funds	**	66,065
*	FID Multi Asset Idx	Mutual funds	**	65,408
*	FID Asset Mgr 60%	Mutual funds	**	64,484
	Baron Asset Fund	Mutual funds	**	63,661
*	FID Blue Chip Value	Mutual funds	**	61,542
*	FID Value	Mutual funds	**	60,009
	Artisan Mid Cap Val	Mutual funds	**	59,958
*	FID Float Rt Hi Inc	Mutual funds	**	59,586
*	FID Global Eq Income	Mutual funds	**	56,851
*	FID Capital & Income	Mutual funds	**	54,070
*	FID Strat Div & Inc	Mutual funds	**	48,491
*	FID LT TR BD Idx	Mutual funds	**	45,045
*	FID Mid Cap Value	Mutual funds	**	42,217
*	FID Glb Comdty Stk	Mutual funds	**	41,957

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*	FID Intl Small Cap	Mutual funds	**	41,840
*	FID Corporate Bond	Mutual funds	**	41,596
*	FID Intl Cap Apprec	Mutual funds	**	41,321
*	FID Infl PR BD Idx	Mutual funds	**	39,951
*	Fidelity Govt Income	Mutual funds	**	39,761
*	FID Focused High Inc	Mutual funds	**	39,390
*	FID Invst Gr Bd	Mutual funds	**	39,139
*	FID Total Emerg Mkts	Mutual funds	**	38,427
*	FID Low Priced Stk	Mutual funds	**	38,228
*	FID Real Estate Idx	Mutual funds	**	38,204
*	FID Sel Retailing	Mutual funds	**	37,386
*	FID Intermed Bond	Mutual funds	**	37,357
*	FID Intl Growth	Mutual funds	**	37,080
*	FID Mid Cap Enh Indx	Mutual funds	**	36,201
*	FID Large Cap Stock	Mutual funds	**	35,092
*	FID Stk Sel Lg Cap	Mutual funds	**	33,683
*	FID Strategic Income	Mutual funds	**	33,024
*	FID Growth Strat	Mutual funds	**	32,026
*	FID Small Cap Value	Mutual funds	**	29,908
*	FID Pacific Basin	Mutual funds	**	29,148
*	FID Small Cap Growth	Mutual funds	**	28,760
*	FID Small Cap Stock	Mutual funds	**	27,889
*	FID Intm Govt Income	Mutual funds	**	27,877
*	FID Eq Div Income	Mutual funds	**	27,167

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