

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2022</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>007</u>
1c Effective date of plan <u>07/01/2007</u>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MARIETTA MEMORIAL HOSPITAL</u> <u>401 MATTHEW STREET.</u> <u>MARIETTA, OH 45750-0449</u>	2b Employer Identification Number (EIN) <u>31-4379509</u>	2c Plan Sponsor's telephone number <u>740-374-1632</u>
	2d Business code (see instructions) <u>622000</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	T R BICK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 2488
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 1989 6a(2) 1855 6b 0 6c 672 6d 2527 6e 0 6f 2527 6g 2257 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: 2A 2E 2F 2G 2T 3D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ►	007
C Plan sponsor's name as shown on line 2a of Form 5500 MARIETTA MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 31-4379509	

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

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	194-84048	2527	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 980	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid TRUSTMONT FINANCIAL GROUP, INC 200 BUSH RUN ROADD STE A GREENSBURG, PA 15601
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
980			4

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	375985
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	

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

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

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

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

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

b	Balance at the end of the previous year	7b	468248
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c	Additions: (1) Contributions deposited during the year	7c(1)	16454	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	5891	
	(4) Transferred from separate account.....	7c(4)	64255	
	(5) Other (specify below)	7c(5)		

(6) Total additions.....	7c(6)	86600
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	554848
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	56565	
(2) Administration charge made by carrier.....	7e(2)	1508	
(3) Transferred to separate account.....	7e(3)	72786	
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	130859
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	423989
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		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 MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	007
C Plan sponsor's name as shown on line 2a of Form 5500 MARIETTA MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 31-4379509	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 63 26 59 64 49 60 99	SERVICE PROVIDER	75987	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

LATITUDE SERVICE COMPANY, INC

1500 NORTH OAK DRIVE
PLYMOUTH, IN 46563-3431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99 50 64	TPA	65160	Yes ☒ No ☐	Yes ☐ No ☒	9323	Yes ☐ No ☒

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

RAYMOND JAMES & ASSOCIATES INC

880 CARILLON PKWY
SAINT PETERSBURG, FL 33716

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50 51	INVESTMENT ADVISOR	12706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FIDUCIARY WISE, LLC

2487 S GILBERT
GILBERT, AZ 85295

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 26 50	FINANCIAL ADVISOR	4929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NATIONWIDE	15 49 52 64	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIONWIDE LIFE INSURANCE COMPANY ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	NET FOR = GROSS ROR - ANNUITY RATE ADJ. (ROR: RATE OF RETURN OF GIC) FOR THE PERIOD OF 01/01/2022 - 12/31/2022: 1.33% = 2.11% - 0.78%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LATITUDE SERVICE COMPANY, INC.	49 64 99	9323
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE ADMINISTRATIVE SERVICES FEE/OVERRIDE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN</u>		B Three-digit plan number (PN) <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARIETTA MEMORIAL HOSPITAL</u>		D Employer Identification Number (EIN) <u>31-4379509</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	<u>1807571</u>	<u>4720937</u>
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	<u>104590</u>	<u>118270</u>
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	<u>18763797</u>	<u>14641361</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	<u>468248</u>	<u>423989</u>
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	21144206	19904557

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	21144206	19904557
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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)	3723814	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3723814
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3453286
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		270528
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1351396	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1351396
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	17634	
(2) Contract administrator fees	2i(2)	75987	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	65160	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		158781
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1510177
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1239649
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MCM CPAS & ADVISORS LLP**

(2) EIN: **27-1235638**

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		2000000
4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan MEMORIAL HEALTH SYSTEM HOSPITALS DEFINED CONTRIBUTION PLAN		B Three-digit plan number (PN) ► 007
C Plan sponsor's name as shown on line 2a of Form 5500 MARIETTA MEMORIAL HOSPITAL		D Employer Identification Number (EIN) 31-4379509
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-4156830		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

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
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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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____</p>
20	<p>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.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No</p> <p>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:</p> <p>☐ Yes.</p> <p>☐ 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.</p> <p>☐ 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.</p> <p>☐ No. Other. Provide explanation _____</p>

**Memorial Health System Hospitals
Defined Contribution Plan**

Financial Statements

December 31, 2022 and 2021

Memorial Health System Hospitals Defined Contribution Plan
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December 31, 2022 and 2021

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Independent Auditor's Report

To the Board of Directors
Memorial Health System Hospitals Defined Contribution Plan

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

We have performed audits of the financial statements of the Memorial Health System Hospitals Defined Contribution Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C). 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 year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA ("ERISA Section 103(a)(3)(C) audit"). 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 ("qualified institution"), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Independent Auditor's Report (Continued)

Responsibilities of Management for the Financial Statements

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

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

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the 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 section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our 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 GAAP.

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 GAAP.

Independent Auditor's Report (Continued)

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

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 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 audits of the financial statements and to certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and to other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Louisville, Kentucky
October 10, 2023

Memorial Health System Hospitals Defined Contribution Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets		
Investments, at fair value		
Investment contract	\$ 375,986	\$ 480,043
Money market fund	118,270	104,590
Mutual funds	<u>14,641,361</u>	<u>18,763,797</u>
Total investments	15,135,616	19,348,430
Receivables		
Employer contributions	<u>4,720,937</u>	<u>1,807,571</u>
Net assets available for benefits	<u><u>\$ 19,856,553</u></u>	<u><u>\$ 21,156,001</u></u>

See accompanying notes.

Memorial Health System Hospitals Defined Contribution Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2022

Additions to net assets attributed to

Employer contributions	<u>\$ 3,723,814</u>
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Total additions	3,723,814
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Deductions from net assets attributed to

Net depreciation in fair value of investments	3,513,085
Benefits paid to participants	1,351,396
Administrative expenses	<u>158,781</u>

Total deductions	<u>5,023,262</u>
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Net decrease	(1,299,448)
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Net assets available for benefits

Beginning of year	<u>21,156,001</u>
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End of year	<u><u>\$ 19,856,553</u></u>
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See accompanying notes.

Memorial Health System Hospitals Defined Contribution Plan
Notes to Financial Statements
December 31, 2022 and 2021

Note A - Description of Plan

The following is a general description of the Memorial Health System Hospitals Defined Contribution Plan (the "Plan"). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

1. General: The Plan is a defined contribution plan covering all eligible employees of Marietta Health System and Selby General Hospital (the "Plan Sponsors"). The Plan was formed on July 1, 2007, but Plan participants were first eligible for the Plan on January 1, 2009, as there was a two-year waiting period before entering into the Plan. The Plan was restated effective July 1, 2016. To be eligible to participate in the Plan, employees must have completed two years of service and attained age 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").
2. Contributions: For each plan year, the Plan Sponsors make a contribution for each eligible employee, that is employed on the last day of the Plan year, based on the years of service. For eligible participants with 2 to 4 years of service, the Plan Sponsors shall contribute 2% of compensation. For eligible participants with more than 4 years and up to 14 years of service, the Plan Sponsors shall contribute 3% of compensation. For eligible participants with more than 15 years of service, the Plan Sponsors shall contribute 4% of compensation. Employee contributions are not permitted to the Plan.
3. Participant Accounts: Individual accounts are maintained for each Plan participant. Each participant's account is credited with allocations of (a) the Plan Sponsors' contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
4. Vesting: Participants are immediately vested in their accounts.
5. Investment Options: Upon enrollment in the Plan, participants may direct the investment of their accounts into various investment options offered by the Plan. They may change their investment options among those investments provided at any time during the Plan year.
6. Administrative Expenses: The Plan Sponsors absorb significant operating expenses of the Plan.
7. Payment of Benefits: Upon termination of service due to death, disability, or attaining normal retirement age, a participant may receive a lump sum amount equal to the value of the participant's vested interest in his or her account or certain annuities as provided by the Plan document. Normal retirement age is 65. Provisions exist for early, deferred, and disability retirements.

Note B - Summary of Significant Accounting Policies

1. Basis of Accounting: The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP"). The Accounting Standards Codification ("ASC") as produced by the Financial Accounting Standards Board ("FASB") is the sole source of authoritative GAAP.
2. Use of Estimates: The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes in those assets and liabilities, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.
3. Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Memorial Health System Hospitals Defined Contribution Plan
Notes to Financial Statements (Continued)
December 31, 2022 and 2021

Note B - Summary of Significant Accounting Policies (Continued)

3. Investment Valuation and Income Recognition (Continued): Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.
4. Payment of Benefits: Benefit payments are recorded when paid.
5. Administrative Expenses: All significant administrative expenses are paid by the Plan, as defined in the Plan agreement.
6. Investment Management Fees and Operating Expenses: Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation (depreciation) in fair values of investments.
7. Subsequent Events: Subsequent events for the Plan have been considered through the date of the Independent Auditor's Report, which represents the date the financial statements were available to be issued.

Note C - Certification of Financial Information

The Plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Nationwide Financial Services, Inc., including its subsidiary Nationwide Trust Company, FSB, a division of Nationwide bank ("Nationwide"), a qualified institution, has certified to the completeness and accuracy of all investments information reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021, the Schedule of Assets (Held at End of Year) at December 31, 2022, and the related net depreciation in fair value of investments information reflected in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2022.

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

Note D - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

Memorial Health System Hospitals Defined Contribution Plan
Notes to Financial Statements (Continued)
December 31, 2022 and 2021

Note D - Fair Value Measurements (Continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

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

Investment contract: Guaranteed investment contracts are valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Since the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only. In determining the reasonableness of the methodology, the Plan Sponsors evaluate a variety of factors including review of existing contracts, economic conditions, industry and market developments, and overall credit ratings. Certain unobservable inputs, including credit worthiness of the issuer, Nationwide Life Insurance Company and the terms of the investment contract are assessed through review of contract terms (for example, duration or payout date) while others are substantiated utilizing available market data (for example, swap curve rate). Significant fluctuations in any of the inputs in isolation could result in a significantly different fair value measurement.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2022:

	Level 1	Level 2	Level 3	Total
Investment contract	\$ -	\$ -	\$ 375,986	\$ 375,986
Money market fund	-	118,270	-	118,270
Mutual funds	14,641,361	-	-	14,641,361
Total assets at fair value	<u>\$ 14,641,361</u>	<u>\$ 118,270</u>	<u>\$ 375,986</u>	<u>\$ 15,135,616</u>

Memorial Health System Hospitals Defined Contribution Plan
Notes to Financial Statements (Continued)
December 31, 2022 and 2021

Note D - Fair Value Measurements (Continued)

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

	Level 1	Level 2	Level 3	Total
Investment contract	\$ -	\$ -	\$ 480,043	\$ 480,043
Money market fund	-	104,590	-	104,590
Mutual funds	18,763,797	-	-	18,763,797
Total assets at fair value	<u>\$ 18,763,797</u>	<u>\$ 104,590</u>	<u>\$ 480,043</u>	<u>\$ 19,348,430</u>

The Plan's policy is to recognize transfers, if any, between levels as of the actual date of the event or change in circumstances. There were no transfers between hierarchy levels during 2022 and 2021.

Purchases of Level 3 assets during the Plan year ended December 31, 2022 were \$16,454. There were no issuances, transfers in or transfers out of Level 3 assets during the Plan year ended December 31, 2022.

Note E - Investments

The Plan has entered into a non-benefit-responsive investment contract with Nationwide. Nationwide maintains the investments in a general non allocated fixed account. This account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value which was reported to the Plan by Nationwide. The contract's average yield was 1.33% and 1.53% for 2022 and 2021, respectively, and the crediting interest rate as of December 31, 2022 and 2021 was 1.33% and 1.53%, respectively. Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

Note F - Income Tax Status

The Internal Revenue Service ruled on June 30, 2020, that the Non-Standardized Pre-Approved Plan of CCH Incorporated, DBA ftwilliam.com upon which the Plan is based, as then designed, was in compliance with the applicable requirements of the IRC. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and therefore, believes that the Plan is qualified, and the related trust is tax exempt.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 and 2021, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Memorial Health System Hospitals Defined Contribution Plan
Notes to Financial Statements (Continued)
December 31, 2022 and 2021

Note G - Related Party and Party in Interest Transactions

Certain administrative services are provided by the Company at no cost to the Plan and certain administrative costs incurred by the Plan are paid by the Company.

The Plan invests in mutual funds, money market fund and a guaranteed investment contract managed by Nationwide. The Plan paid fees to Nationwide totaling \$75,987 during the Plan year ended December 31, 2022. Nationwide is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note H - Risk and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in 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 financial statements.

Note I - Plan Termination

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

Note J - Reconciliation of Financial Statements to Form 5500 Schedule H

The following is a reconciliation of net assets available for benefits per Form 5500 to the financial statements at December 31, 2022 and 2021:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per financial statements	\$ 19,856,553	\$ 21,156,001
Adjustment from fair value to contract value for non-fully benefit responsive investment contract	<u>48,004</u>	<u>(11,795)</u>
Net assets available for benefits per Schedule H of Form 5500	<u><u>\$ 19,904,557</u></u>	<u><u>\$ 21,144,206</u></u>

The following is a reconciliation of net decrease per the Form 5500 to net loss per the financial statements for the Plan year ended December 31, 2022:

Net decrease per the financial statements	\$ (1,299,448)
Change in fair value to contract value for non-fully benefit responsive investment contract	<u>59,799</u>
Net loss per the Form 5500	<u><u>\$ (1,239,649)</u></u>

Supplemental Schedule

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Investment contract			
*	Fixed account	Guaranteed Investment Contract	***	\$ 423,989
	Money market fund			
*	NW Mny Mkt Inst	Money market fund	**	118,270
	Mutual funds			
	AB Global Bond Fund	Registered investment company	**	4,263
	Aberdeen Emerging Markets ex-China Fund	Registered investment company	**	3,276
	AmBcn International Equity Fund	Registered investment company	**	496
	AmCent Short Duration Inflation Protection Bond Fund	Registered investment company	**	2,790
	BlackRock Advantage Large Cap Value Fund	Registered investment company	**	1,376
	BlackRock Equity Dividend Fund Investor	Registered investment company	**	2,735
	BlackRock High Yield Bond Inst	Registered investment company	**	7,145
	BlackRock High Yield Bond Class A	Registered investment company	**	2,464
	BlackRock Strategic Income Opps Inv	Registered investment company	**	4,828
	Columbia Select Large Cap Growth Fund	Registered investment company	**	4,916
	DFA Emerging Markets Core Equity Portfolio	Registered investment company	**	13,147
	DFA Global Real Estate Sec Inst	Registered investment company	**	267
	DFA Intermediate Government Fixed Income Portfolio	Registered investment company	**	471
	DFA U.S. Large Cap Value Portfolio	Registered investment company	**	10,171
	DFA U.S. Targeted Value Portfolio	Registered investment company	**	3,511
	Diamond Hill Mid-Cap Fund	Registered investment company	**	5,508
	Dodge & Cox International Fund	Registered investment company	**	11,653
	DWS Global High Income Fund	Registered investment company	**	2,157
	Fidelity 500 Index	Registered investment company	**	19,268
	Fidelity Advisor Freedom 2035 Fund	Registered investment company	**	15,125
	Fidelity Advisor Freedom 2040 Fund	Registered investment company	**	426
	Fidelity Advisor Freedom 2055 Fund	Registered investment company	**	211
	Fidelity International Index	Registered investment company	**	9,559
	Fidelity US Bond Index	Registered investment company	**	8,518
	Goldman Sachs GQG Partners International Opps Fund	Registered investment company	**	11,767
	Harbor International Fund Institutional Class	Registered investment company	**	2,871
	Invesco Oppenheimer International Growth Fund	Registered investment company	**	2,847
	Janus Henderson Balanced Fund	Registered investment company	**	3,634
	Janus Henderson Mid Cap Value Fund	Registered investment company	**	4,778
	JPM Equity Income Fund Class A	Registered investment company	**	2,881
	JPM Equity Income Fund Class R5	Registered investment company	**	9,646
	JP Morgan Large Cap Growth Fund R6	Registered investment company	**	8,599
	JP Morgan Mid Cap Value R6	Registered investment company	**	8,000
	JP Morgan Small Cap Value Fund R3	Registered investment company	**	7,784
	Loomis Sayles Bond Fund	Registered investment company	**	2,517

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual funds (Continued)			
	MainStay MacKay Total Return Bond Fund	Registered investment company	**	\$ 4,578
*	Nationwide Bond Index Fund	Registered investment company	**	71,996
*	Nationwide Destination Retirement Fund	Registered investment company	**	210,069
*	Nationwide Destination 2025 Fund	Registered investment company	**	1,066,542
*	Nationwide Destination 2030 Fund	Registered investment company	**	1,161,483
*	Nationwide Destination 2035 Fund	Registered investment company	**	1,553,265
*	Nationwide Destination 2040 Fund	Registered investment company	**	1,440,924
*	Nationwide Destination 2045 Fund	Registered investment company	**	1,514,777
*	Nationwide Destination 2050 Fund	Registered investment company	**	1,255,847
*	Nationwide Destination 2055 Fund	Registered investment company	**	981,819
*	Nationwide Destination 2060 Fund	Registered investment company	**	444,472
*	Nationwide Destination 2065 Fund	Registered investment company	**	4,631
*	Nationwide International Index Fund	Registered investment company	**	263,548
*	Nationwide Investor Destinations Aggressive Fund	Registered investment company	**	420,983
*	Nationwide Inv. Destinations Mod Conservative Fund	Registered investment company	**	57,326
*	Nationwide Investor Destinations Moderate Fund	Registered investment company	**	66,881
*	Nationwide Loomis All Cap Growth Fund	Registered investment company	**	9,801
*	Nationwide Mid Cap Market Index Fund	Registered investment company	**	64,477
*	Nationwide S&P 500 Index	Registered investment company	**	1,211,022
*	Nationwide Small Cap Index Fund	Registered investment company	**	95,568
	Oakmark Fund Investor Class	Registered investment company	**	5,383
	PGIM Global Real Estate A Fund	Registered investment company	**	1,802
	PGIM Jennison Growth Fund	Registered investment company	**	2,701
	PGIM Total Return Bond Fund - Class A	Registered investment company	**	2,973
	PGIM Total Return Bond Fund - Class R6	Registered investment company	**	8,470
	PIMCO All Asset All Authority Fund	Registered investment company	**	3,434
	PIMCO Commodity Real Return Strategy Fund	Registered investment company	**	5,146
	PIMCO Dynamic Bond Fund	Registered investment company	**	1,728
	Pioneer Bond Fund	Registered investment company	**	534
	Principal Global Real Estate Fund	Registered investment company	**	5,661
	T. Rowe Price New Income Fund	Registered investment company	**	505

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mutual funds (Continued)				
	Templeton Global Bond Fund Class A	Registered investment company	**	\$ 1,903
	Vanguard 500 Index Fund	Registered investment company	**	14,694
	Vanguard Balanced Index Fund	Registered investment company	**	8,050
	Vanguard Dividend Appreciation Indx Admiral Shares	Registered investment company	**	202
	Vanguard Emerging Markets Stock Index Fund	Registered investment company	**	51,128
	Vanguard European Stock Index Fund	Registered investment company	**	3,003
	Vanguard Explorer Fund	Registered investment company	**	5,422
	Vanguard Growth Index Fund	Registered investment company	**	747,685
	Vanguard High-Yield Corporate Fund	Registered investment company	**	223,417
	Vanguard Inflation-Protection Securities Fund	Registered investment company	**	18,272
	Vanguard International Explorer Fund	Registered investment company	**	17,977
	Vanguard Mid-Cap Growth Index Fund	Registered investment company	**	183,314
	Vanguard Mid-Cap Value Index Fund	Registered investment company	**	297,576
	Vanguard Pacific Stock Index Fund	Registered investment company	**	2,926
	Vanguard Real Estate Index Fund	Registered investment company	**	44,832
	Vanguard Small Cap Value Index Fund	Registered investment company	**	210,539
	Vanguard Small-Cap Growth Index Fund	Registered investment company	**	140,568
	Vanguard Total International Bond Index	Registered investment company	**	314,559
	Vanguard Total Stock Market Index Fund	Registered investment company	**	11,235
	Vanguard Value Index Fund	Registered investment company	**	176,017
	Wilmington Broad Market Bond Fund	Registered investment company	**	962
	Eaton Vance Emerging Markets Local Income Fund Class A	Registered investment company	**	126
	BlackRock Mid-Cap Growth Fund	Registered investment company	**	5,291
	BlackRock Total Return Fund	Registered investment company	**	5,518
	Vanguard Wellesley Income Fund	Registered investment company	**	8,766
	Delaware Ivy Corporate Bond Fund	Registered investment company	**	528
	Delaware Extended Duration Bond Fund Class A	Registered investment company	**	510
	Fidelity Inflation Protected Bond Index Fund	Registered investment company	**	531
	Harbor International Growth Fund Investor Class	Registered investment company	**	415
	PIMCO Real Return Fund Institutional Class	Registered investment company	**	7,443
Total mutual funds				14,641,361
Total investments				<u>\$ 15,183,619</u>

* Indicates parties-in-interest to the Plan.

** All investments are participant directed; therefore, historical cost information is not required.

*** Guaranteed investment contract reported at cost.

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

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2022

(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
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*	Fixed account	Guaranteed Investment Contract	***	\$ 423,989
	Money market fund			
*	NW Mny Mkt Inst	Money market fund	**	118,270
	Mutual funds			
	AB Global Bond Fund	Registered investment company	**	4,263
	Aberdeen Emerging Markets ex-China Fund	Registered investment company	**	3,276
	AmBcn International Equity Fund	Registered investment company	**	496
	AmCent Short Duration Inflation Protection Bond Fund	Registered investment company	**	2,790
	BlackRock Advantage Large Cap Value Fund	Registered investment company	**	1,376
	BlackRock Equity Dividend Fund Investor	Registered investment company	**	2,735
	BlackRock High Yield Bond Inst	Registered investment company	**	7,145
	BlackRock High Yield Bond Class A	Registered investment company	**	2,464
	BlackRock Strategic Income Opps Inv	Registered investment company	**	4,828
	Columbia Select Large Cap Growth Fund	Registered investment company	**	4,916
	DFA Emerging Markets Core Equity Portfolio	Registered investment company	**	13,147
	DFA Global Real Estate Sec Inst	Registered investment company	**	267
	DFA Intermediate Government Fixed Income Portfolio	Registered investment company	**	471
	DFA U.S. Large Cap Value Portfolio	Registered investment company	**	10,171
	DFA U.S. Targeted Value Portfolio	Registered investment company	**	3,511
	Diamond Hill Mid-Cap Fund	Registered investment company	**	5,508
	Dodge & Cox International Fund	Registered investment company	**	11,653
	DWS Global High Income Fund	Registered investment company	**	2,157
	Fidelity 500 Index	Registered investment company	**	19,268
	Fidelity Advisor Freedom 2035 Fund	Registered investment company	**	15,125
	Fidelity Advisor Freedom 2040 Fund	Registered investment company	**	426
	Fidelity Advisor Freedom 2055 Fund	Registered investment company	**	211
	Fidelity International Index	Registered investment company	**	9,559
	Fidelity US Bond Index	Registered investment company	**	8,518
	Goldman Sachs GQG Partners International Opps Fund	Registered investment company	**	11,767
	Harbor International Fund Institutional Class	Registered investment company	**	2,871
	Invesco Oppenheimer International Growth Fund	Registered investment company	**	2,847
	Janus Henderson Balanced Fund	Registered investment company	**	3,634
	Janus Henderson Mid Cap Value Fund	Registered investment company	**	4,778
	JPM Equity Income Fund Class A	Registered investment company	**	2,881
	JPM Equity Income Fund Class R5	Registered investment company	**	9,646
	JP Morgan Large Cap Growth Fund R6	Registered investment company	**	8,599
	JP Morgan Mid Cap Value R6	Registered investment company	**	8,000
	JP Morgan Small Cap Value Fund R3	Registered investment company	**	7,784
	Loomis Sayles Bond Fund	Registered investment company	**	2,517

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Mutual funds (Continued)			
	MainStay MacKay Total Return Bond Fund	Registered investment company	**	\$ 4,578
*	Nationwide Bond Index Fund	Registered investment company	**	71,996
*	Nationwide Destination Retirement Fund	Registered investment company	**	210,069
*	Nationwide Destination 2025 Fund	Registered investment company	**	1,066,542
*	Nationwide Destination 2030 Fund	Registered investment company	**	1,161,483
*	Nationwide Destination 2035 Fund	Registered investment company	**	1,553,265
*	Nationwide Destination 2040 Fund	Registered investment company	**	1,440,924
*	Nationwide Destination 2045 Fund	Registered investment company	**	1,514,777
*	Nationwide Destination 2050 Fund	Registered investment company	**	1,255,847
*	Nationwide Destination 2055 Fund	Registered investment company	**	981,819
*	Nationwide Destination 2060 Fund	Registered investment company	**	444,472
*	Nationwide Destination 2065 Fund	Registered investment company	**	4,631
*	Nationwide International Index Fund	Registered investment company	**	263,548
*	Nationwide Investor Destinations Aggressive Fund	Registered investment company	**	420,983
*	Nationwide Inv. Destinations Mod Conservative Fund	Registered investment company	**	57,326
*	Nationwide Investor Destinations Moderate Fund	Registered investment company	**	66,881
*	Nationwide Loomis All Cap Growth Fund	Registered investment company	**	9,801
*	Nationwide Mid Cap Market Index Fund	Registered investment company	**	64,477
*	Nationwide S&P 500 Index	Registered investment company	**	1,211,022
*	Nationwide Small Cap Index Fund	Registered investment company	**	95,568
	Oakmark Fund Investor Class	Registered investment company	**	5,383
	PGIM Global Real Estate A Fund	Registered investment company	**	1,802
	PGIM Jennison Growth Fund	Registered investment company	**	2,701
	PGIM Total Return Bond Fund - Class A	Registered investment company	**	2,973
	PGIM Total Return Bond Fund - Class R6	Registered investment company	**	8,470
	PIMCO All Asset All Authority Fund	Registered investment company	**	3,434
	PIMCO Commodity Real Return Strategy Fund	Registered investment company	**	5,146
	PIMCO Dynamic Bond Fund	Registered investment company	**	1,728
	Pioneer Bond Fund	Registered investment company	**	534
	Principal Global Real Estate Fund	Registered investment company	**	5,661
	T. Rowe Price New Income Fund	Registered investment company	**	505

See accompanying independent auditor's report.

Memorial Health System Hospitals Defined Contribution Plan
Schedule of Assets (Held at End of Year) (Continued)
Plan Sponsor EIN: 31-4379509 Plan Number: 007
December 31, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
Mutual funds (Continued)				
	Templeton Global Bond Fund Class A	Registered investment company	**	\$ 1,903
	Vanguard 500 Index Fund	Registered investment company	**	14,694
	Vanguard Balanced Index Fund	Registered investment company	**	8,050
	Vanguard Dividend Appreciation Indx Admiral Shares	Registered investment company	**	202
	Vanguard Emerging Markets Stock Index Fund	Registered investment company	**	51,128
	Vanguard European Stock Index Fund	Registered investment company	**	3,003
	Vanguard Explorer Fund	Registered investment company	**	5,422
	Vanguard Growth Index Fund	Registered investment company	**	747,685
	Vanguard High-Yield Corporate Fund	Registered investment company	**	223,417
	Vanguard Inflation-Protection Securities Fund	Registered investment company	**	18,272
	Vanguard International Explorer Fund	Registered investment company	**	17,977
	Vanguard Mid-Cap Growth Index Fund	Registered investment company	**	183,314
	Vanguard Mid-Cap Value Index Fund	Registered investment company	**	297,576
	Vanguard Pacific Stock Index Fund	Registered investment company	**	2,926
	Vanguard Real Estate Index Fund	Registered investment company	**	44,832
	Vanguard Small Cap Value Index Fund	Registered investment company	**	210,539
	Vanguard Small-Cap Growth Index Fund	Registered investment company	**	140,568
	Vanguard Total International Bond Index	Registered investment company	**	314,559
	Vanguard Total Stock Market Index Fund	Registered investment company	**	11,235
	Vanguard Value Index Fund	Registered investment company	**	176,017
	Wilmington Broad Market Bond Fund	Registered investment company	**	962
	Eaton Vance Emerging Markets Local Income Fund Class A	Registered investment company	**	126
	BlackRock Mid-Cap Growth Fund	Registered investment company	**	5,291
	BlackRock Total Return Fund	Registered investment company	**	5,518
	Vanguard Wellesley Income Fund	Registered investment company	**	8,766
	Delaware Ivy Corporate Bond Fund	Registered investment company	**	528
	Delaware Extended Duration Bond Fund Class A	Registered investment company	**	510
	Fidelity Inflation Protected Bond Index Fund	Registered investment company	**	531
	Harbor International Growth Fund Investor Class	Registered investment company	**	415
	PIMCO Real Return Fund Institutional Class	Registered investment company	**	7,443
Total mutual funds				<u>14,641,361</u>
Total investments				<u><u>\$ 15,183,619</u></u>

* Indicates parties-in-interest to the Plan.

** All investments are participant directed; therefore, historical cost information is not required.

*** Guaranteed investment contract reported at cost.

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

See accompanying independent auditor's report.