Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
CONCORD HOSPITAL 403(B) PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2003

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)
CONCORD HOSPITAL

250 PLEASANT STREET
CONCORD, NH 03301-2598

2b Employer Identification Number (EIN) 22-2594672

2c Plan Sponsor's telephone number 603-225-2711

2d Business code (see instructions) 622000

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.	10/13/2023	PATRICK R BOYLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	PATRICK R BOYLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	3181
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	2423
a(2) Total number of active participants at the end of the plan year	**6a(2)**	2439
b Retired or separated participants receiving benefits	**6b**	33
c Other retired or separated participants entitled to future benefits	**6c**	880
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	3352
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f Total. Add lines **6d** and **6e**	**6f**	3356
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	3246
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2L 2M 3H 2R

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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 2 **A** (Insurance Information)
- **(4)** [X] **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_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONCORD HOSPITAL

D Employer Identification Number (EIN)
22-2594672

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.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	664311	3356	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	18265459
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 ▶ ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	17490100
c	Additions: (1) Contributions deposited during the year	7c(1)	1342157		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	204764		
	(4) Transferred from separate account	7c(4)	904410		
	(5) Other (specify below)	7c(5)	45211		
	▶ *				
	(6) Total additions			7c(6)	2496542
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	19986642
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1696470		
	(2) Administration charge made by carrier	7e(2)	24277		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	436		
	▶ *				
	(5) Total deductions			7e(5)	1721183
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	18265459

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)**	
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)**	
(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)**	
(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. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

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
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONCORD HOSPITAL

D Employer Identification Number (EIN)
22-2594672

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.

1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VE6537	3	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
23	0

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

SITARAS ANTHONY J

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
23			3

(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	22043
5	Current value of plan's interest under this contract in separate accounts at year end	5	1344

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ ANNUITY

b	Balance at the end of the previous year			7b	20188
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	831		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	1036		
	▶ *				
	(6) Total additions			7c(6)	1867
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	22055
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)	12		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	12
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	22043

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)**	
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)**	
(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)**	
(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. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2022** **This Form is Open to Public Inspection.**

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

A Name of plan
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONCORD HOSPITAL

D Employer Identification Number (EIN)
22-2594672

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

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

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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 64	SERVICE PROVIDER	254448	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

MORNINGSTAR INVESTMENT MANAGEMENT

36-4317381

(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	SERVICE PROVIDER	8858	Yes [ ] No [X]	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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONCORD HOSPITAL

D Employer Identification Number (EIN)
22-2594672

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)		
(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)		
(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)	1058510	1040297
(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)	211901668	174201182
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17510288	18287502
(15) Other	1c(15)	229941	247809

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	230700407	193776790
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 through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	230700407	193776790

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)		
(B) Participants	2a(1)(B)	16692866	
(C) Others (including rollovers)	2a(1)(C)	2719764	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		19412630
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)	60467	
(F) Other	2b(1)(F)	205595	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		266062
(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)	6656227	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		6656227
(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)		-48608618
c Other income	2c		-57611
d Total income. Add all **income** amounts in column (b) and enter total	2d		-22331310
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14272358	
(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)		14272358
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		56643
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	263306	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		263306
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		14592307
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-36923617
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)** [X] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: BAKER NEWMAN & NOYES LLC **(2)** EIN: 01-0494526

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
CONCORD HOSPITAL 403(B) PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
CONCORD HOSPITAL

D Employer Identification Number (EIN)
22-2594672

Part I Distributions

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

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

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

EIN(s): 71-0294708 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation_____

Concord Hospital 403(b) Plan

Financial Statements
and Supplemental Schedule

Years Ended December 31, 2022 and 2021
With Independent Auditors' Report

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnncpa.com
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

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

We were engaged to perform audits of the financial statements of Concord Hospital 403(b) Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

Basis for Disclaimer of Opinion on the Financial Statements

As described in Note 1 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Baker Newman & Noyes LLC

Manchester, New Hampshire
October 13, 2023

CONCORD HOSPITAL 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

	2022	2021
Investments, at fair value:		
Pooled separate account	$ 1,344	$ 1,798
Mutual funds	174,199,838	211,899,870
Self-directed brokerage accounts	247,809	229,941
	174,448,991	212,131,609
Investments, at contract value:		
Group fixed contracts	18,287,502	17,510,288
Total investments	192,736,493	229,641,897
Notes receivable from participants	1,040,297	1,058,510
Net assets available for benefits	$193,776,790	$230,700,407

See accompanying notes.

CONCORD HOSPITAL 403(b) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2022 and 2021

	2022	2021
Additions (deductions) to net assets attributed to:		
Investment (loss) income:		
Interest and dividends	$ 6,865,556	$ 9,348,626
Net (depreciation) appreciation in fair value of investments	(48,603,050)	19,329,255
Net investment (loss) income	(41,737,494)	28,677,881
Interest income on notes receivable from participants	60,467	64,521
Contributions:		
Participants	16,692,866	15,098,418
Rollovers	2,647,066	17,709,033
Total contributions	19,339,932	32,807,451
Total (deductions) additions	(22,337,095)	61,549,853
Deductions from net assets attributed to:		
Benefit payments	14,323,216	14,909,432
Administrative expenses	263,306	260,363
Total deductions	14,586,522	15,169,795
Net (decrease) increase	(36,923,617)	46,380,058
Net assets available for benefits, beginning of year	230,700,407	184,320,349
Net assets available for benefits, end of year	$193,776,790	$230,700,407

See accompanying notes.

1. Plan Description

The following description of the Concord Hospital 403(b) Plan (the Plan) provides general information. Concord Hospital is the Plan Sponsor. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Participants should refer to the Plan document for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan Sponsor.

General

The Plan was established by the Board of Directors of Concord Hospital (the Hospital or the Sponsor). The Plan is a defined contribution plan qualified under Section 403(b) of the U.S. Internal Revenue Code (IRC) covering eligible employees of the Hospital. All employees of the Hospital are eligible to participate in the Plan. Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company (collectively referred to as Voya) currently serve as the custodians of the Plan.

The Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's (DOL) Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying statements of changes in net assets available for benefits. Under accounting principles generally accepted in the United States of America, these accounts and the related income and distributions should have been included in the accompanying financial statements. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

On May 1, 2021, the Hospital acquired certain assets and assumed certain liabilities of LRGHealthcare. In addition, many former employees of LRGHealthcare became employees of the Hospital and therefore became eligible to participate in the Plan. As a result, during 2021 there were significant rollover contributions into the Plan resulting from this acquisition.

Contributions

Eligible employees can elect to contribute up to 100% of their individual eligible compensation pursuant to IRC Section 403(b) and subject to the maximum amount allowable under federal income tax regulations. Participants are allowed to make pre-tax or post-tax Roth 403(b) contributions, or a combination of the two. The Hospital does not make matching contributions.

Rollover contributions are subject to conditions stated in the Plan and in the appropriate sections of the IRC.

Participant Accounts

Each participant's account is credited with the contributions of the participant and an allocation of earnings or losses and administrative expenses based on the participant's relative account balances.

Vesting

Participants are immediately 100% vested in their contributions and the earnings or losses thereon.

1. Plan Description (Continued)

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions to one or more of the investment options offered by the Plan.

In addition, participants have the option to invest assets in a self-directed brokerage service that allows participants access to a wide variety of mutual funds.

Payment of Benefits

Upon separation from service with the Hospital due to death, disability, retirement or termination, a participant may elect to receive a lump-sum amount equal to the vested value of his or her account, payments over a specified period, or other participant options as defined in the Plan Document.

In-service withdrawals are available once the participant reaches age 59 1/2 and in certain other limited circumstances, as defined in the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan.

Notes Receivable From Participants

A participant may borrow the lesser of 50% of their vested account balance or $50,000, reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period. Loans are repayable through payroll deductions generally over 57 months unless the loan is for the purchase of a principal residence. The interest rate is equal to the prime rate as of the last business day of the month, plus 2%. The interest rate on notes receivable outstanding at December 31, 2022 ranged from 5.25% to 8.25% with various maturities through November 2035. Principal and interest is paid ratably through bi-weekly payroll deductions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, the custodians, once notified by the Hospital of the termination date, will distribute to each participant his or her account balance on that date in accordance with the terms of the Plan.

Administrative Expenses

The Hospital pays certain expenses incurred in the administration of the Plan. Certain investment fees are included in administrative expenses.

2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits are recorded when paid.

Contributions

Contributions are recorded in the period in which payroll deductions are made.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Notes Receivable From Participants

Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Risks and Uncertainties

The Plan provides for various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for fully benefit-responsive investment contracts which are stated at contract value. See Note 7 for disclosure of fair value measurements. Contract value represents contributions made under the contract plus interest earned, less participant withdrawals and administrative expenses.

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

2. Summary of Significant Accounting Policies (Continued)

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through October 13, 2023 which is the date the financial statements were available to be issued.

In 2023, the Hospital elected to amend the Plan effective January 1, 2024 to institute employer non-elective and matching contributions, based on certain eligibility requirements, as well as implementing an automatic deferral arrangement equal to 3% of eligible compensation, as further defined in the amendment.

3. Tax Status

The Plan is subject to ERISA and certain provisions of the IRC. The Plan Administrator believes the Plan has been designed and operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes the Plan was qualified and was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

4. Information Certified by Voya

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company, the custodians of the Plan, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has obtained certifications from the custodians stating that the information provided to the Plan Administrator by the custodians is complete and accurate. Such information includes investments, net (depreciation) appreciation in fair value of investments, interest and dividend income and investment transactions. Notes receivable from participants, interest income on notes receivable and notes receivable transactions were not included in the certifications obtained from the custodians and were subject to audit procedures. The Plan Administrator has determined that the custodians meet the requirements of qualified institutions as defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

5. Fully Benefit-Responsive Investment Contracts

For the Plan's fully benefit-responsive investment contracts, there are no reserves against contract value for credit risk of the contract issuer or otherwise. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include spin-offs, sales or divestures, mergers or consolidations, corporate relocation or facility closings, layoffs or retirement incentive programs, establishment of a competing investment option and partial or total plan termination. In the event the Plan initiates a full withdrawal of the contract, distributions from the fund will be paid out in annual installments over a five year period. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring. Voya requires a 60 day notice should the Plan choose to discontinue a contract. The grouped fixed contracts are invested in general accounts, backed by the assets of Voya Retirement and Insurance Company and guarantee a minimum rate of interest. The crediting interest rate is based on a formula agreed upon with the issuer and is reset on a monthly basis at minimum. At December 31, 2022, the minimum guaranteed crediting rate was 1.00%.

6. Party-in-Interest Transactions

Voya, the custodian of the Plan, manages certain plan investments; therefore, these transactions qualify as party-in-interest transactions, however, they are exempt from the prohibited transaction rules under ERISA. In addition, loans to participants qualify as party-in-interest transactions. Certain administrative fees charged to the Plan and paid to the custodian, including fees incurred by the Plan for certain investment management and administrative services, totaled $263,306 and $260,363 during 2022 and 2021, respectively, and are also included within administrative expenses.

7. Fair Value Measurements

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

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.

7. Fair Value Measurements (Continued)

Level 2 – Inputs to the valuation method 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.

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

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued at the closing price reported in the active market in which the security is traded.

Pooled separate account: Stated at fair value based upon net asset value. Net asset value is determined based on the fair value of the pooled separate accounts underlying net assets divided by the number of units outstanding at each valuation date.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2022 and 2021:

	Level 1	Level 2	Level 3	Total
2022:				
Mutual funds	$174,199,838	$ –	$ –	$174,199,838
Self-directed brokerage accounts (mutual funds)	247,809	–	–	247,809
	$174,447,647	$ –	$ –	174,447,647
Pooled separate account measured at net asset value				1,344
Total investments, at fair value				$174,448,991

7. Fair Value Measurements (Continued)

	Level 1	Level 2	Level 3	Total
2021:				
Mutual funds	$211,899,870	$ –	$ –	$211,899,870
Self-directed brokerage accounts (mutual funds)	229,941	–	–	229,941
	$212,129,811	$ –	$ –	212,129,811
Pooled separate account measured at net asset value				1,798
Total investments, at fair value				$212,131,609

8. Reconciliation of the Financial Statements to Form 5500

Notes receivable from participants are reflected as a receivable on the financial statements which is different from the Form 5500 presentation. On Form 5500, notes receivable from participants are classified as investments.

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2022

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost[1]	Current Value
	Pooled separate account:			
*	Voya Investments, LLC	VY T. Rowe Price Diversified Mid Cap Growth Portfolio - I	$ –	$ 1,344
	Mutual funds:			
	American Funds	EuroPacific R6	–	1,707,672
	American Funds	Washington Mutual Investors Fund – R6	–	6,603,691
	Invesco	Main Street Fund R6	–	6,279,200
	MetropolitanWest	Total Return Bond Fund – Plan Class	–	2,327,306
	MFS Funds	Growth Fund – Class R6	–	28,043,511
	Touchstone	Mid Cap Growth Fund – Institutional Class	–	11,626,136
	T. Rowe Price	Retirement I 2005 Fund – I Class	–	143,987
	T. Rowe Price	Retirement I 2010 Fund – I Class	–	243,743
	T. Rowe Price	Retirement I 2015 Fund – I Class	–	1,007,254
	T. Rowe Price	Retirement I 2020 Fund – I Class	–	3,418,702
	T. Rowe Price	Retirement I 2025 Fund – I Class	–	9,707,377
	T. Rowe Price	Retirement I 2030 Fund – I Class	–	12,085,510
	T. Rowe Price	Retirement I 2035 Fund – I Class	–	6,806,340
	T. Rowe Price	Retirement I 2040 Fund – I Class	–	9,660,809
	T. Rowe Price	Retirement I 2045 Fund – I Class	–	6,059,830
	T. Rowe Price	Retirement I 2050 Fund – I Class	–	5,590,009
	T. Rowe Price	Retirement I 2055 Fund – I Class	–	2,605,848
	T. Rowe Price	Retirement I 2060 Fund – I Class	–	1,561,529
	T. Rowe Price	Retirement I 2065 Fund – I Class	–	127,032
	Vanguard	500 Index Fund Admiral	–	18,370,471
	Vanguard	Extended Market Index Fund Admiral	–	5,658,507
	Vanguard	Total Bond Market Index Fund Admiral	–	9,366,333
	Vanguard	Total International Stock Index Fund Admiral	–	16,620,329
	Victory	Sycamore Established Value Fund – Class R6	–	8,578,712
			–	174,199,838
	Group fixed contracts:			
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	–	22,044
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Plus Account III	–	18,265,458
			–	18,287,502

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2022

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost[1]	Current Value
	Self-directed brokerage accounts:			
	Black Rock Funds	Technology Opportunities R	$ –	$ 1,738
	Calamos Funds	Market Neutral Income A	–	3,381
	Calamos Funds	Phineius Long Short A	–	2,389
	Diamond Hill Funds	LG Cap Investor	–	6,231
	Eaton Vance Funds	Floating Rate & High Income A	–	1,595
	Federated Investments	Government Obligation Fund	–	50,666
	Fidelity Investments	Select Biotechnology	–	1,426
	Fidelity Investments	Select Semiconductors	–	2,607
	First Eagle Funds	Global A	–	5,729
	Goldman Sachs Funds	Sm/Mid Cap Growth A	–	3,120
	JP Morgan Funds	Mid Cap Eqty A	–	2,793
	Matthews	Asia Growth Investor	–	3,502
	Morgan Stanley	Institutional Funds Mid Cap Growth A	–	638
	Pacific Financial Group	PFG American Funds Growth Strategy Fund R	–	9,637
	Pacific Financial Group	PFG BNY Mellon Diversifier Strategy Fund R	–	10,033
	Pacific Financial Group	PFG BR Equity ESG Strategy Fund R	–	7,263
	Pacific Financial Group	PFG Fidelity Institutional AM & Equity Index Strategy Fund R	–	14,081
	Pacific Financial Group	PFG Fidelity Institutional AM & Equity Sector Strategy Fund R	–	21,434
	Pacific Financial Group	PFG Invesco Thematic Esg Strategy Fund R	–	5,903
	Pacific Financial Group	PFG Janus Henderson Balanced Strategy Fund R	–	22,718
	Pacific Financial Group	PFG JP Morgan Tactical Aggressive Strategy Fund R	–	15,189
	Pacific Financial Group	PFG Meeder Tactical Strategy Fund R	–	10,067
	Pacific Financial Group	PFG MFS Aggressive Growth Strategy Fund R	–	12,488
	Pacific Financial Group	PFG Tactical Income Strategy Fund R	–	7,520
	Seqall Bryant & Hamill	Plus Bond Retail	–	5,572
	Thornburg Funds	Intl Equty A	–	4,126
	Vanguard	Small-Cap Growth Index Fund Admiral	–	2,267
	Vanguard	Total Stock Mkt Index Admiral	–	6,235
	Wasatch Funds	Global Opp Investor	–	3,418
	Wasatch Funds	Sm Cap Value Investor	–	4,043
			–	247,809
*	Participant loans	Interest at various rates from 5.25% - 8.25% secured by participant account balances	–	1,040,297

* Represents a party-in-interest to the Plan.
[1] Cost is not required for participant-directed investments.
The above information, except for participant loans, has been certified by Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company, the custodians, as complete and accurate.

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Concord Hospital 403(b) Plan
EIN 22-2594672
Plan#002
As Of December 31, 2022

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d)Cost	(e) Current Value
	American Funds EuroPacific R6	Registered Investment Company		$1,707,671
	American Funds Wash Mutual R6	Registered Investment Company		$6,603,691
	Inv Main Street SC Fd R6	Registered Investment Company		$6,279,199
	Metropltn West Tot Rtn Bd F Pl	Registered Investment Company		$2,327,306
	MFS Growth Fund R6	Registered Investment Company		$28,043,510
	TD AMERITRADE SDBA	Registered Investment Company		$247,809
	Touchstone Mid Cap Grwth F Ins	Registered Investment Company		$11,626,136
	TRwPr Retirement I 2005 Fd I	Registered Investment Company		$143,987
	TRwPr Retirement I 2010 Fd I	Registered Investment Company		$243,743
	TRwPr Retirement I 2015 Fd I	Registered Investment Company		$1,007,253
	TRwPr Retirement I 2020 Fd I	Registered Investment Company		$3,418,702
	TRwPr Retirement I 2025 Fd I	Registered Investment Company		$9,707,377
	TRwPr Retirement I 2030 Fd I	Registered Investment Company		$12,085,510
	TRwPr Retirement I 2035 Fd I	Registered Investment Company		$6,806,340
	TRwPr Retirement I 2040 Fd I	Registered Investment Company		$9,660,809
	TRwPr Retirement I 2045 Fd I	Registered Investment Company		$6,059,830
	TRwPr Retirement I 2050 Fd I	Registered Investment Company		$5,590,009
	TRwPr Retirement I 2055 Fd I	Registered Investment Company		$2,605,848
	TRwPr Retirement I 2060 Fd I	Registered Investment Company		$1,561,529
	TRwPr Retirement I 2065 Fd I	Registered Investment Company		$127,032
	Vangrd 500 Index Fund Adm	Registered Investment Company		$18,370,471
	Vangrd Ext Mkt Index Fnd Adm	Registered Investment Company		$5,658,507
	Vangrd Tot Bd Mkt Ind Fd Adm	Registered Investment Company		$9,366,333
	Vangrd Tot Int Stk In F Adm	Registered Investment Company		$16,620,329
	Victory Sycmr Est Vl Fd R6	Registered Investment Company		$8,578,712
*	Voya Fixed Plus Account	Insurance Company General Account		$22,043
*	Voya Fixed Plus Account III	Insurance Company General Account		$18,265,459
*	VY TrowePrice Divr MdCp Gr	Registered Investment Company		$1,344
		Participants Loans - Rates 5.25% to 8.25%		$1,040,297
	TOTAL			$193,776,790

* denotes party-in-interest
Column (d) is not required as the Plan's investments are totally participant directed.

Concord Hospital 403(b) Plan

Financial Statements
and Supplemental Schedule

Years Ended December 31, 2022 and 2021
With Independent Auditors' Report

Baker Newman & Noyes LLC
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

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

We were engaged to perform audits of the financial statements of Concord Hospital 403(b) Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

Basis for Disclaimer of Opinion on the Financial Statements

As described in Note 1 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the DOL's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statements of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable. Accounting principles generally accepted in the United States of America (U.S. GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

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.

To the Plan Administrator and Participants
Concord Hospital 403(b) Plan

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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Baker Newman & Noyes LLC

Manchester, New Hampshire
October 13, 2023

CONCORD HOSPITAL 403(b) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

	2022	2021
Investments, at fair value:		
Pooled separate account	$ 1,344	$ 1,798
Mutual funds	174,199,838	211,899,870
Self-directed brokerage accounts	247,809	229,941
	174,448,991	212,131,609
Investments, at contract value:		
Group fixed contracts	18,287,502	17,510,288
Total investments	192,736,493	229,641,897
Notes receivable from participants	1,040,297	1,058,510
Net assets available for benefits	$193,776,790	$230,700,407

See accompanying notes.

CONCORD HOSPITAL 403(b) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2022 and 2021

	2022	2021
Additions (deductions) to net assets attributed to:		
Investment (loss) income:		
Interest and dividends	$ 6,865,556	$ 9,348,626
Net (depreciation) appreciation in fair value of investments	(48,603,050)	19,329,255
Net investment (loss) income	(41,737,494)	28,677,881
Interest income on notes receivable from participants	60,467	64,521
Contributions:		
Participants	16,692,866	15,098,418
Rollovers	2,647,066	17,709,033
Total contributions	19,339,932	32,807,451
Total (deductions) additions	(22,337,095)	61,549,853
Deductions from net assets attributed to:		
Benefit payments	14,323,216	14,909,432
Administrative expenses	263,306	260,363
Total deductions	14,586,522	15,169,795
Net (decrease) increase	(36,923,617)	46,380,058
Net assets available for benefits, beginning of year	230,700,407	184,320,349
Net assets available for benefits, end of year	$193,776,790	$230,700,407

See accompanying notes.

1. Plan Description

The following description of the Concord Hospital 403(b) Plan (the Plan) provides general information. Concord Hospital is the Plan Sponsor. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Participants should refer to the Plan document for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan Sponsor.

General

The Plan was established by the Board of Directors of Concord Hospital (the Hospital or the Sponsor). The Plan is a defined contribution plan qualified under Section 403(b) of the U.S. Internal Revenue Code (IRC) covering eligible employees of the Hospital. All employees of the Hospital are eligible to participate in the Plan. Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company (collectively referred to as Voya) currently serve as the custodians of the Plan.

The Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's (DOL) Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the accompanying statements of changes in net assets available for benefits. Under accounting principles generally accepted in the United States of America, these accounts and the related income and distributions should have been included in the accompanying financial statements. The amount of these excluded annuity and custodial accounts and the related income and distributions are not determinable.

On May 1, 2021, the Hospital acquired certain assets and assumed certain liabilities of LRGHealthcare. In addition, many former employees of LRGHealthcare became employees of the Hospital and therefore became eligible to participate in the Plan. As a result, during 2021 there were significant rollover contributions into the Plan resulting from this acquisition.

Contributions

Eligible employees can elect to contribute up to 100% of their individual eligible compensation pursuant to IRC Section 403(b) and subject to the maximum amount allowable under federal income tax regulations. Participants are allowed to make pre-tax or post-tax Roth 403(b) contributions, or a combination of the two. The Hospital does not make matching contributions.

Rollover contributions are subject to conditions stated in the Plan and in the appropriate sections of the IRC.

Participant Accounts

Each participant's account is credited with the contributions of the participant and an allocation of earnings or losses and administrative expenses based on the participant's relative account balances.

Vesting

Participants are immediately 100% vested in their contributions and the earnings or losses thereon.

1. Plan Description (Continued)

Investment Options

Upon enrollment in the Plan, a participant may direct employee contributions to one or more of the investment options offered by the Plan.

In addition, participants have the option to invest assets in a self-directed brokerage service that allows participants access to a wide variety of mutual funds.

Payment of Benefits

Upon separation from service with the Hospital due to death, disability, retirement or termination, a participant may elect to receive a lump-sum amount equal to the vested value of his or her account, payments over a specified period, or other participant options as defined in the Plan Document.

In-service withdrawals are available once the participant reaches age 59 1/2 and in certain other limited circumstances, as defined in the Plan. Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan.

Notes Receivable From Participants

A participant may borrow the lesser of 50% of their vested account balance or $50,000, reduced by the highest outstanding loan balance in the participant's account during the prior 12-month period. Loans are repayable through payroll deductions generally over 57 months unless the loan is for the purchase of a principal residence. The interest rate is equal to the prime rate as of the last business day of the month, plus 2%. The interest rate on notes receivable outstanding at December 31, 2022 ranged from 5.25% to 8.25% with various maturities through November 2035. Principal and interest is paid ratably through bi-weekly payroll deductions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Upon termination of the Plan, the custodians, once notified by the Hospital of the termination date, will distribute to each participant his or her account balance on that date in accordance with the terms of the Plan.

Administrative Expenses

The Hospital pays certain expenses incurred in the administration of the Plan. Certain investment fees are included in administrative expenses.

2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits

Benefits are recorded when paid.

Contributions

Contributions are recorded in the period in which payroll deductions are made.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

Notes Receivable From Participants

Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Risks and Uncertainties

The Plan provides for various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility and credit risk. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value except for fully benefit-responsive investment contracts which are stated at contract value. See Note 7 for disclosure of fair value measurements. Contract value represents contributions made under the contract plus interest earned, less participant withdrawals and administrative expenses.

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

2. Summary of Significant Accounting Policies (Continued)

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through October 13, 2023 which is the date the financial statements were available to be issued.

In 2023, the Hospital elected to amend the Plan effective January 1, 2024 to institute employer non-elective and matching contributions, based on certain eligibility requirements, as well as implementing an automatic deferral arrangement equal to 3% of eligible compensation, as further defined in the amendment.

3. Tax Status

The Plan is subject to ERISA and certain provisions of the IRC. The Plan Administrator believes the Plan has been designed and operated in compliance with the applicable requirements of the IRC. Therefore, the Plan Administrator believes the Plan was qualified and was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

4. Information Certified by Voya

The Plan Administrator has elected the method of compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the auditors not to perform any auditing procedures with respect to the information certified by Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company, the custodians of the Plan, except for comparing such information with the related information included in the accompanying financial statements and supplemental schedule. The Plan Administrator has obtained certifications from the custodians stating that the information provided to the Plan Administrator by the custodians is complete and accurate. Such information includes investments, net (depreciation) appreciation in fair value of investments, interest and dividend income and investment transactions. Notes receivable from participants, interest income on notes receivable and notes receivable transactions were not included in the certifications obtained from the custodians and were subject to audit procedures. The Plan Administrator has determined that the custodians meet the requirements of qualified institutions as defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

5. Fully Benefit-Responsive Investment Contracts

For the Plan's fully benefit-responsive investment contracts, there are no reserves against contract value for credit risk of the contract issuer or otherwise. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include spin-offs, sales or divestures, mergers or consolidations, corporate relocation or facility closings, layoffs or retirement incentive programs, establishment of a competing investment option and partial or total plan termination. In the event the Plan initiates a full withdrawal of the contract, distributions from the fund will be paid out in annual installments over a five year period. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with participants are probable of occurring. Voya requires a 60 day notice should the Plan choose to discontinue a contract. The grouped fixed contracts are invested in general accounts, backed by the assets of Voya Retirement and Insurance Company and guarantee a minimum rate of interest. The crediting interest rate is based on a formula agreed upon with the issuer and is reset on a monthly basis at minimum. At December 31, 2022, the minimum guaranteed crediting rate was 1.00%.

6. Party-in-Interest Transactions

Voya, the custodian of the Plan, manages certain plan investments; therefore, these transactions qualify as party-in-interest transactions, however, they are exempt from the prohibited transaction rules under ERISA. In addition, loans to participants qualify as party-in-interest transactions. Certain administrative fees charged to the Plan and paid to the custodian, including fees incurred by the Plan for certain investment management and administrative services, totaled $263,306 and $260,363 during 2022 and 2021, respectively, and are also included within administrative expenses.

7. Fair Value Measurements

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

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.

7. Fair Value Measurements (Continued)

Level 2 – Inputs to the valuation method 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.

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

Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Mutual funds: Valued at the closing price reported in the active market in which the security is traded.

Pooled separate account: Stated at fair value based upon net asset value. Net asset value is determined based on the fair value of the pooled separate accounts underlying net assets divided by the number of units outstanding at each valuation date.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2022 and 2021:

	Level 1	Level 2	Level 3	Total
2022:				
Mutual funds	$174,199,838	$ –	$ –	$174,199,838
Self-directed brokerage accounts (mutual funds)	247,809	–	–	247,809
	$174,447,647	$ –	$ –	174,447,647
Pooled separate account measured at net asset value				1,344
Total investments, at fair value				$174,448,991

7. Fair Value Measurements (Continued)

	Level 1	Level 2	Level 3	Total
2021:				
Mutual funds	$211,899,870	$ –	$ –	$211,899,870
Self-directed brokerage accounts (mutual funds)	229,941	–	–	229,941
	$212,129,811	$ –	$ –	212,129,811
Pooled separate account measured at net asset value				1,798
Total investments, at fair value				$212,131,609

8. Reconciliation of the Financial Statements to Form 5500

Notes receivable from participants are reflected as a receivable on the financial statements which is different from the Form 5500 presentation. On Form 5500, notes receivable from participants are classified as investments.

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2022

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost[1]	Current Value
	Pooled separate account:			
*	Voya Investments, LLC	VY T. Rowe Price Diversified Mid Cap Growth Portfolio - I	$ –	$ 1,344
	Mutual funds:			
	American Funds	EuroPacific R6	–	1,707,672
	American Funds	Washington Mutual Investors Fund – R6	–	6,603,691
	Invesco	Main Street Fund R6	–	6,279,200
	MetropolitanWest	Total Return Bond Fund – Plan Class	–	2,327,306
	MFS Funds	Growth Fund – Class R6	–	28,043,511
	Touchstone	Mid Cap Growth Fund – Institutional Class	–	11,626,136
	T. Rowe Price	Retirement I 2005 Fund – I Class	–	143,987
	T. Rowe Price	Retirement I 2010 Fund – I Class	–	243,743
	T. Rowe Price	Retirement I 2015 Fund – I Class	–	1,007,254
	T. Rowe Price	Retirement I 2020 Fund – I Class	–	3,418,702
	T. Rowe Price	Retirement I 2025 Fund – I Class	–	9,707,377
	T. Rowe Price	Retirement I 2030 Fund – I Class	–	12,085,510
	T. Rowe Price	Retirement I 2035 Fund – I Class	–	6,806,340
	T. Rowe Price	Retirement I 2040 Fund – I Class	–	9,660,809
	T. Rowe Price	Retirement I 2045 Fund – I Class	–	6,059,830
	T. Rowe Price	Retirement I 2050 Fund – I Class	–	5,590,009
	T. Rowe Price	Retirement I 2055 Fund – I Class	–	2,605,848
	T. Rowe Price	Retirement I 2060 Fund – I Class	–	1,561,529
	T. Rowe Price	Retirement I 2065 Fund – I Class	–	127,032
	Vanguard	500 Index Fund Admiral	–	18,370,471
	Vanguard	Extended Market Index Fund Admiral	–	5,658,507
	Vanguard	Total Bond Market Index Fund Admiral	–	9,366,333
	Vanguard	Total International Stock Index Fund Admiral	–	16,620,329
	Victory	Sycamore Established Value Fund – Class R6	–	8,578,712
			–	174,199,838
	Group fixed contracts:			
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Account	–	22,044
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Plus Account III	–	18,265,458
			–	18,287,502

CONCORD HOSPITAL 403(b) PLAN

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

EIN: 22-2594672
Plan #002

December 31, 2022

	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investments, Including Maturity Date, Rate of Interest Collateral, Par or Maturity Value	Cost[1]	Current Value
	Self-directed brokerage accounts:			
	Black Rock Funds	Technology Opportunities R	$ –	$ 1,738
	Calamos Funds	Market Neutral Income A	–	3,381
	Calamos Funds	Phineius Long Short A	–	2,389
	Diamond Hill Funds	LG Cap Investor	–	6,231
	Eaton Vance Funds	Floating Rate & High Income A	–	1,595
	Federated Investments	Government Obligation Fund	–	50,666
	Fidelity Investments	Select Biotechnology	–	1,426
	Fidelity Investments	Select Semiconductors	–	2,607
	First Eagle Funds	Global A	–	5,729
	Goldman Sachs Funds	Sm/Mid Cap Growth A	–	3,120
	JP Morgan Funds	Mid Cap Eqty A	–	2,793
	Matthews	Asia Growth Investor	–	3,502
	Morgan Stanley	Institutional Funds Mid Cap Growth A	–	638
	Pacific Financial Group	PFG American Funds Growth Strategy Fund R	–	9,637
	Pacific Financial Group	PFG BNY Mellon Diversifier Strategy Fund R	–	10,033
	Pacific Financial Group	PFG BR Equity ESG Strategy Fund R	–	7,263
	Pacific Financial Group	PFG Fidelity Institutional AM & Equity Index Strategy Fund R	–	14,081
	Pacific Financial Group	PFG Fidelity Institutional AM & Equity Sector Strategy Fund R	–	21,434
	Pacific Financial Group	PFG Invesco Thematic Esg Strategy Fund R	–	5,903
	Pacific Financial Group	PFG Janus Henderson Balanced Strategy Fund R	–	22,718
	Pacific Financial Group	PFG JP Morgan Tactical Aggressive Strategy Fund R	–	15,189
	Pacific Financial Group	PFG Meeder Tactical Strategy Fund R	–	10,067
	Pacific Financial Group	PFG MFS Aggressive Growth Strategy Fund R	–	12,488
	Pacific Financial Group	PFG Tactical Income Strategy Fund R	–	7,520
	Seqall Bryant & Hamill	Plus Bond Retail	–	5,572
	Thornburg Funds	Intl Equty A	–	4,126
	Vanguard	Small-Cap Growth Index Fund Admiral	–	2,267
	Vanguard	Total Stock Mkt Index Admiral	–	6,235
	Wasatch Funds	Global Opp Investor	–	3,418
	Wasatch Funds	Sm Cap Value Investor	–	4,043
			–	247,809
*	Participant loans	Interest at various rates from 5.25% - 8.25% secured by participant account balances	–	1,040,297

* Represents a party-in-interest to the Plan.
[1] Cost is not required for participant-directed investments.
The above information, except for participant loans, has been certified by Voya Institutional Trust Company and Voya Retirement Insurance and Annuity Company, the custodians, as complete and accurate.