

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 <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>GUAM REGIONAL MEDICAL CITY 401(K) RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GUAM HEALTHCARE DEVELOPMENT, INC.</u> <u>P.O.BOX 3830</u> <u>HAGATNA, GU 96932</u>		
1c Effective date of plan <u>01/01/2014</u>		
2b Employer Identification Number (EIN) <u>66-0768469</u>		
2c Plan Sponsor's telephone number <u>671-645-5500</u>		
2d Business code (see instructions) <u>622000</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2023	CHARLOTTE HUNTSMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2023	TEODORICO CONSTANTINO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
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		5 991
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) 888
a(2) Total number of active participants at the end of the plan year		6a(2) 770
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 103
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 873
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 873
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 774
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 GUAM REGIONAL MEDICAL CITY 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GUAM HEALTHCARE DEVELOPMENT, INC.	D Employer Identification Number (EIN) 66-0768469	

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).. ☐ 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
--

(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
--

(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

(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

(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

(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

(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)

ASC TRUST, LLC

120 FATHER DUENAS AVE
CAPITOL PLAZA STE 110
HAGATNA, GU 96910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 21 24 26 27 28 37 38 50 51	NONE	165293	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 GUAM REGIONAL MEDICAL CITY 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GUAM HEALTHCARE DEVELOPMENT, INC.	D Employer Identification Number (EIN) 66-0768469	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:	ASC DYNAMIC RETIREMENT TRUST
---	------------------------------

b Name of sponsor of entity listed in (a):	ASC TRUST, LLC
--	----------------

c EIN-PN 66-0886903-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18317341
-------------------------	-----------------	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>GUAM REGIONAL MEDICAL CITY 401(K) RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GUAM HEALTHCARE DEVELOPMENT, INC.</u>	D Employer Identification Number (EIN) <u>66-0768469</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	
(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)	810539
(9) Value of interest in common/collective trusts.....		1c(9)	20083683
(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)	4057098
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24951320	23341920

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24951320	23341920
---	-----------	----------	----------

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)	1346095	
(B) Participants	2a(1)(B)	3214474	
(C) Others (including rollovers)	2a(1)(C)	242714	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4803283
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)	42928	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		42928
(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)	113894	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		113894
(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)		-3549597
(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)		-902172
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		508336
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1953890	
(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)		1953890
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	9900	
(3) Investment advisory and management fees	2i(3)	155393	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		165293
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2119183
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-1610847
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		-1447

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **BURGER COMER MAGLIARI, INC.**

(2) EIN: **66-0826885**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?			
4e		X	
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 GUAM REGIONAL MEDICAL CITY 401(K) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 GUAM HEALTHCARE DEVELOPMENT, INC.		D Employer Identification Number (EIN) 66-0768469
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 66-0886903		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a
b	The corresponding number for the second preceding plan year.....	15b
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:	
a	Enter the number of employers who withdrew during the preceding plan year	16a
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐	

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

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 _____

GUAM REGIONAL MEDICAL CITY
401(k) RETIREMENT SAVINGS PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2022 and 2021

(Together with Independent Auditors' Report Thereon)

DRAFT

333 South Marine Corps Drive
Tamuning, Guam 96913

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Trustees
of the Guam Regional Medical City
401(k) Retirement Savings Plan

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

We have performed audits of the accompanying financial statements of Guam Regional Medical City 401(k) Retirement Savings 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 Guam Regional Medical City 401(k) Retirement Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Guam Regional Medical City 401(k) Retirement Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Guam Regional Medical City 401(k) Retirement Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Guam Regional Medical City 401(k) Retirement Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Guam Regional Medical City 401(k) Retirement Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at year end) and assets (acquired and disposed within a year) as of or for the years ended December 31, 2022 and 2021 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Tamuning, Guam
October 13, 2023

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Statements of Net Assets Available for Benefits
Years ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Assets:		
Investments, at fair value:		
Common/collective trust funds	\$ 18,322,226	\$ 20,261,191
Mutual funds	<u>3,790,475</u>	<u>3,879,590</u>
Total investments	<u>22,112,701</u>	<u>24,140,781</u>
Notes receivable from participants	<u>1,229,219</u>	<u>810,539</u>
Total assets and net assets available for benefits	<u><u>\$ 23,341,920</u></u>	<u><u>\$ 24,951,320</u></u>

See accompanying notes to financial statements.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2022 and 2021

	<u>2022</u>	<u>2021</u>
Additions (deductions) to net assets attributed to:		
Investment income:		
Interest on notes receivable	\$ 42,928	\$ 37,993
Dividends	112,230	190,654
Net appreciation (depreciation) in fair value of investments	<u>(4,254,319)</u>	<u>2,660,414</u>
Net investment income (loss)	<u>(4,099,161)</u>	<u>2,889,061</u>
Contributions:		
Participants	3,214,474	3,267,455
Employer	<u>1,346,095</u>	<u>1,340,666</u>
Total contributions	<u>4,560,569</u>	<u>4,608,121</u>
Other:		
Rollovers and other items	<u>48,375</u>	<u>238,519</u>
Total additions	<u>509,783</u>	<u>7,735,701</u>
Deductions from net assets attributed to:		
Distributions to participants	1,944,890	1,653,793
Administrative and investment advisory services	<u>174,293</u>	<u>164,413</u>
Total deductions	<u>2,119,183</u>	<u>1,818,206</u>
Net increase (decrease) in net assets available for benefits	(1,609,400)	5,917,495
Net assets available for benefits:		
Beginning of year	<u>24,951,320</u>	<u>19,033,825</u>
End of year	<u>\$ 23,341,920</u>	<u>\$ 24,951,320</u>

See accompanying notes to financial statements.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(1) Description of Plan

The following description of the Guam Regional Medical City (the “Company”) 401(k) Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan, adopted and effective as of January 1, 2014. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

1. Employer:
 - a. Discretionary contribution to the Plan as determined for each Plan year.
 - b. Discretionary contribution to match employee contribution.
2. Employee:
 - a. Plan participants may contribute up to 100% of their annual compensation not to exceed the IRS limit. Participants may defer up to 25% of any bonus they receive. Participant contributions are made through payroll deductions. A participant may direct the investment of their accounts in various investment options offered by the Plan.
 - b. Rollovers from another qualified plan.

Participant Accounts

Each participant’s account is credited with the participant’s contribution and an allocation of (a) the Plan sponsor’s contribution; and (b) Plan earnings, and charged with an allocation of investment losses. Allocations of employer discretionary contributions are based on the participant’s compensation as a percentage of the total compensation of all participants eligible to share in the allocation. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Eligibility

Under the provisions of the Plan, employees are eligible to enroll in the Plan upon date of hire and enter the Plan immediately.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(1) Description of Plan, continued

Vesting

Participants are immediately vested in their contributions plus actual earnings and less any losses thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings and less any losses thereon is based on years of continuous service. A participant shall become fully vested in his or her account balance upon attainment of normal retirement age, permanent disability, or at the time of death. A participant is 100 percent vested after 2 years of credited service.

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
1 year or less	0%
2 years	100%

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that is set at 1 percent above the prime rate, as defined, if for reasons other than purchasing a home, over a period not to exceed five years. Principal and interest are paid ratably through payroll deductions.

Forfeitures

Forfeitures of terminated participants' nonvested matching contributions may be added to or used to reduce the matching employer contributions account and allocated to the remaining participants, or to pay Trustee or administrative fees. During the years ended December 31, 2022 and 2021 terminating employees forfeited \$23,577 and \$43,537, respectively, in nonvested contributions.

Payments of Benefits

On termination of service due to normal retirement, disability, death, or other reasons, a participant will receive a lump-sum amount equal to the value of the vested portion of his or her account.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(1) Description of Plan, continued

Hardship Withdrawals

Hardship withdrawals are allowed for participants incurring an immediate and heavy financial need, as defined by the Plan. Hardship withdrawals are strictly regulated by the IRS and a participant must exhaust all available loan options and available distributions prior to requesting a hardship withdrawal.

(2) Summary of Significant Accounting Policies

Basis of Presentation

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America applied on a consistent basis. The Plan utilizes the accrual basis of accounting.

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

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. See Note 6 for further discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Net appreciation includes the Plan's gain and loss on investments bought and sold as well as held during the year. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Administrative Costs

Administrative fees, such as administrative service fees, Trustee fees, and investment management fees, are paid by the Plan, as allowed by the Plan document. All other expenses are paid by the Company. The Company also provides to the Plan certain accounting services for which no allocation of costs has been made to the Plan.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(2) Summary of Significant Accounting Policies, continued

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Payment of Benefits

Benefits are recorded when paid.

Cash Account

For the purposes of the statements of net assets available for benefits and statements of changes in net assets available for benefits, cash is defined as cash in money fund accounts. Cash is held in money market funds, and total cash and investments are insured up to \$250,000 and \$500,000, respectively, under the Securities Investor Protection Corporation (SIPC).

At December 31, 2022 and 2021 Plan net assets included \$511,730 and \$275,712 respectively, in money market funds.

Risks and Uncertainties

The Plan provides for various investment options in any combination of designated mutual funds and money market investment types, which themselves are invested in various combinations of stocks, bonds and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risk in the near term would materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(3) Plan Termination

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

(4) Income Tax

The Internal Revenue Service has determined that the prototype plan adopted by the Company is acceptable under Section 401(a) of the Internal Revenue Code. The Guam Department of Revenue and Taxation has been furnished with a copy of the prototype plan, but has never issued a formal letter stating that the Plan is designed in accordance with the requirements of Section 401(a) of the Guam Territorial Income Tax Law (GTIT). The Plan sponsor believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of GTIT.

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 if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by a government authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Tax years that remain subject to examination by major tax jurisdictions for the Plan are 2020, 2021 and 2022.

In the event that the Plan incurs penalties or interest as a result of its tax positions, those amounts are stated separately on the financial statements and are not included in income tax expense.

(5) Terminated Participant Accounts

At December 31, 2022 and 2021 net assets available for benefits include \$4,884 and \$176,949, respectively, of benefits due to terminated participants.

(6) Fair Value Measurement

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(6) Fair Value Measurement, continued

The three levels of the fair value hierarchy under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 820 are described below:

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include the following: <ul style="list-style-type: none">- 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. |

In some cases, the inputs used to measure fair value might fall in different levels of the fair value hierarchy. The level in the fair value hierarchy within which the fair value measurement in its entirety falls shall be determined based on the lowest level input that is significant to the fair value measurement in its entirety.

Assessing the significance of a particular input to the fair value measurement in its entirety requires judgment, considering factors specific to the asset or liability.

Following is a description of the valuation methodologies used for major categories of assets measured at fair value by the Plan:

Cash and Cash Equivalents: Cash equivalents include cash investments in money market funds and interest bearing accounts. Cash investments in money market funds are valued under the market approach through the use of quoted market prices in an active market, which is the net asset value of the underlying funds, and are classified within Level 1 of the valuation hierarchy. Cash investments in interest bearing accounts are very short-term in nature and are valued at cost plus accrued interest, which approximates fair value, and are classified within Level 2 of the valuation hierarchy.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(6) Fair Value Measurement, continued

Mutual funds: The mutual fund investments are valued at the net asset value of shares held by the Plan at year end which are quoted in an active market, and are classified within Level 1 of the valuation hierarchy.

Collective Trust Funds: The common collective trust fund investments are valued at their net asset value as calculated at year end by the fund's manager, and are classified within Level 2 of the valuation hierarchy. The price of the income generated by securities held directly and indirectly by the various collective trusts may decline in response to certain events, including those directly involving the issuers whose securities are owned by the trusts; general economic and market conditions; regional or global economic instability; and currency and interest rate fluctuations.

Exchange Traded Funds: The exchange traded funds are valued at the closing price reported on the active market on which the individual funds are traded, and are classified within Level 1 of the valuation hierarchy.

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 values 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, a summary of the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2022:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 511,730	\$ 4,884	\$ -	\$ 516,614
Mutual funds	3,251,913	-	-	3,251,913
Collective trust funds	-	18,317,342	-	18,317,342
Exchange traded funds	26,832	-	-	26,832
Total investments at fair value	<u>\$ 3,790,475</u>	<u>\$ 18,322,226</u>	<u>\$ -</u>	<u>\$ 22,112,701</u>

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(6) Fair Value Measurement, continued

The following table sets forth, by level within the fair value hierarchy, a summary of the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2021:

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 275,712	\$ 176,949	\$ -	\$ 452,661
Mutual funds	3,580,646	-	-	3,580,646
Collective trust funds	-	20,084,242	-	20,084,242
Exchange traded funds	23,232	-	-	23,232
Total investments at fair value	<u>\$ 3,879,590</u>	<u>\$ 20,261,191</u>	<u>\$ -</u>	<u>\$ 24,140,781</u>

The above investments are not FDIC insured, are not guaranteed by any bank, and involve investment risk, including the possible loss of the principal amount invested.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2022 and 2021 are reported in net appreciation (depreciation) in fair value of investments.

(7) Plan Investments

The Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, ASC Trust Corporation, the Trustee of the Plan, has certified to the completeness and accuracy of all investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021, and the supplemental Schedule H, line 4i Schedule of Assets (Held at End of Year) as of December 31, 2022 and 2021; the related investment activity reflected in the statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021; and the information reflected on the supplemental Schedule H, line 4j—Schedule of Reportable Transactions for the years ended December 31, 2022 and 2021.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(7) Plan Investments, continued

Investments that represent five percent or more of the Plan's net assets at December 31, 2022 are as follows:

	<u>Number of Shares</u>	<u>Fair Value</u>
Select Target Date Profile 2045	192,036	\$ 2,941,997
Select Target Date Profile 2050	175,412	2,682,044
Select Target Date Profile 2055	153,300	2,334,761
Select Target Date Profile 2040	149,092	2,248,306
Vanguard Institutional Index I	5,130	1,649,914
Select Target Date Profile 2030	104,074	1,458,084
Select Target Date Profile 2025	100,933	1,361,592
Select Target Date Profile 2035	78,506	1,152,475
DRT Balanced Fund	73,301	1,085,584
Select Target Date Profile 2020	81,005	1,057,121

Investments that represent five percent or more of the Plan's net assets at December 31, 2021 are as follows:

	<u>Number of Shares</u>	<u>Fair Value</u>
Select Target Date Profile 2045	180,970	\$ 3,389,570
Select Target Date Profile 2050	155,648	2,923,078
Select Target Date Profile 2055	144,141	2,706,972
Select Target Date Profile 2040	127,816	2,342,867
Vanguard Institutional Index I	4,510	1,830,067
Select Target Date Profile 2030	87,940	1,463,315
Select Target Date Profile 2035	80,130	1,415,094
Select Target Date Profile 2025	88,797	1,402,105
Select Target Date Profile 2020	85,108	1,276,619

During the years ended December 31, 2022 and 2021, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows:

	<u>2022</u>	<u>2021</u>
Registered Investment Companies	\$ (765,434)	\$ 568,820
Common and Collective Trust Funds	(3,550,948)	2,117,835
Participant Loans	42,928	37,993
	<u>\$ (4,273,454)</u>	<u>\$ 2,724,648</u>

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Notes to Financial Statements
December 31, 2022 and 2021

(7) Plan Investments, continued

ASC Dynamic Retirement Trust (the Collective Trust) is a collective investment fund under the Guam Collective Investment Funds Act (CIFA) established through a Declaration and Plan of Trust on September 15, 2014 by ASC Trust Corporation, the Trustee. The Trustee is a closely-held trust company under the Guam-Based Trust Companies Act.

The Trustee has the exclusive management and control of the Collective Trust and holds and manages all assets contributed thereto in trust and in accordance with the terms and conditions set forth on the Declaration and Plan of Trust. The Trustee has engaged Mercer (US) Inc. to manage the Collective Trust assets; the Trustee maintains ultimate fiduciary authority over the management and investments in each Profile.

(8) Related Party Transactions

The Plan holds units of common trust funds managed by ASC Trust Corporation, the Trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from prohibited transactions rules under ERISA.

(9) Concentration of Geographic Location

There is a geographic concentration since the employer and participants are located in the Territory of Guam.

(10) Management Review

In preparing the accompanying financial statements and these footnotes, management has evaluated subsequent events through October 13, 2023 which is the date the financial statements were available to be issued. There were no such events requiring disclosure.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Supplementary Schedule
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
Employer's Identification No. 66-0768469
Plan No.: 001
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Barrower, Lessor, or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost**	Current Value
	<u>Shares of registered investment companies</u>			
	Vanguard Institutional Index I	Mutual fund: 5,130 units		\$ 1,649,914
	Fidelity® Inv MM Fds Money Market I	Cash and cash equivalents: 511,730 units		511,730
	Vanguard Mid Cap Index Institutional	Mutual fund: 5,221 units		291,162
	Fidelity® Select Software & IT Svcs Port	Mutual fund: 13,270 units		261,027
	Vanguard Total Bond Market Index I	Mutual fund: 18,633 units		176,637
	Vanguard Total Intl Stock Index I	Mutual fund: 1,348 units		150,147
	Harbor Capital Appreciation Instl	Mutual fund: 2,007 units		125,951
	JPMorgan Equity Income I	Mutual fund: 5,514 units		124,460
	BlackRock Health Sciences Opps Instl	Mutual fund: 1,431 units		100,198
	Causeway International Value Instl	Mutual fund: 5,784 units		92,141
	T. Rowe Price Blue Chip Growth	Mutual fund: 778 units		80,530
	Carillon Eagle Mid Cap Growth R6	Mutual fund: 457 units		33,080
	MFS International Growth I	Mutual fund: 740 units		30,117
	Vanguard Real Estate Index Institutional	Mutual fund: 1,525 units		27,588
	JHancock Disciplined Value Mid Cap R6	Mutual fund: 1,123 units		27,412
	iShares Gold Trust	Exchange traded fund: 776 units		26,832
	AMG TimesSquare Small Cap Growth I	Mutual fund: 2,566 units		26,534
	Wasatch Small Cap Value Institutional	Mutual fund: 2,101 units		17,122
	T. Rowe Price Capital Appreciation	Mutual fund: 488 units		14,509
	Metropolitan West Total Return Bd Plan	Mutual fund: 1,520 units		12,888
	VanEck Global Resources Fund Y	Mutual fund: 91 units		3,807
	Pioneer Strategic Income Y	Mutual fund: 350 units		3,177
	Invesco Global Opportunities Y	Mutual fund: 57 units		2,536
	BlackRock Inflation Protected Bond Instl	Mutual fund: 100 units		976
				<u>\$ 3,790,475</u>
	<u>Collective investment funds</u>			
*	Select Target Date Profile 2045	Common collective trust fund: 192,036 units		2,941,997
*	Select Target Date Profile 2050	Common collective trust fund: 175,412 units		2,682,044
*	Select Target Date Profile 2055	Common collective trust fund: 153,300 units		2,334,761
*	Select Target Date Profile 2040	Common collective trust fund: 149,092 units		2,248,306
*	Select Target Date Profile 2030	Common collective trust fund: 104,074 units		1,458,084
*	Select Target Date Profile 2025	Common collective trust fund: 100,933 units		1,361,592
*	Select Target Date Profile 2035	Common collective trust fund: 78,506 units		1,152,475
*	DRT Balanced Fund	Common collective trust fund: 73,301 units		1,085,584
*	Select Target Date Profile 2020	Common collective trust fund: 81,005 units		1,057,121
*	DRT Growth for Retirement	Common collective trust fund: 35,014 units		585,439
*	Select Target Date Profile 2060	Common collective trust fund: 37,955 units		530,611
*	Select Target Date Profile 2010	Common collective trust fund: 37,486 units		456,576
*	Select Target Date Profile 2015	Common collective trust fund: 13,998 units		175,816
*	DRT Conservative Fund	Common collective trust fund: 14,006 units		170,728
*	DRT Stable Fund	Common collective trust fund: 5,322 units		59,452
*	Select Target Date Profile 2065	Common collective trust fund: 1,967 units		16,756
	Suspense Account			4,884
				<u>18,322,226</u>
	Participant Loans	Loans ranging from 1 to 15 years with interest rates of 4.25% to 6.50%		<u>1,229,219</u>
				<u>\$ 23,341,920</u>

* Indicates party-in-interest to the plan.

** Cost data has been omitted for participant directed investments.

See Independent Auditors' Report.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Supplementary Schedule
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)
and
Form 5500, Schedule H, Part IV, item 4j, 5% or more Reportable Transactions
Employer's Identification No. 66-0768469
Plan No.: 001
December 31, 2022

NONE

DRAFT

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Supplementary Schedule
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
Employer's Identification No. 66-0768469
Plan No.: 001
December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Barrower, Lessor, or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost**	Current Value
	<u>Shares of registered investment companies</u>			
	Vanguard Institutional Index I	Mutual fund: 4,510 units		\$ 1,830,067
	Fidelity® Select Software & IT Svcs Port	Mutual fund: 10,110 units		303,187
	Vanguard Mid Cap Index Institutional	Mutual fund: 4,240 units		295,459
	Fidelity® Inv MM Fds Money Market I	Cash and cash equivalents: 275,712 units		275,712
	Harbor Capital Appreciation Instl	Mutual fund: 1,721 units		173,407
	T. Rowe Price Blue Chip Growth	Mutual fund: 892 units		158,676
	Vanguard Total Intl Stock Index I	Mutual fund: 1,075 units		146,964
	Vanguard Total Bond Market Index I	Mutual fund: 12,327 units		137,944
	Causeway International Value Instl	Mutual fund: 6,605 units		114,857
	BlackRock Health Sciences Opps Instl	Mutual fund: 1,236 units		98,782
	JPMorgan Equity Income I	Mutual fund: 4,080 units		97,299
	AMG TimesSquare Small Cap Growth I	Mutual fund: 3,556 units		53,191
	Carillon Eagle Mid Cap Growth R6	Mutual fund: 407 units		40,055
	MFS International Growth I	Mutual fund: 688 units		33,830
	Vanguard Real Estate Index Institutional	Mutual fund: 1,139 units		28,955
	iShares Gold Trust	Exchange traded fund: 667 units		23,232
	Wasatch Small Cap Value Institutional	Mutual fund: 1,900 units		20,178
	JHancock Disciplined Value Mid Cap R6	Mutual fund: 609 units		16,831
	Metropolitan West Total Return Bd Plan	Mutual fund: 1,402 units		14,338
	T. Rowe Price Capital Appreciation	Mutual fund: 186 units		6,881
	Invesco Global Opportunities Y	Mutual fund: 46 units		3,496
	Pioneer Strategic Income Y	Mutual fund: 282 units		3,040
	VanEck Global Resources Fund Y	Mutual fund: 62 units		2,478
	BlackRock Inflation Protected Bond Instl	Mutual fund: 62 units		731
				<u>\$ 3,879,590</u>
	<u>Collective investment funds</u>			
*	Select Target Date Profile 2045	Common collective trust fund: 180,970 units		3,389,570
*	Select Target Date Profile 2050	Common collective trust fund: 155,648 units		2,923,078
*	Select Target Date Profile 2055	Common collective trust fund: 144,141 units		2,706,972
*	Select Target Date Profile 2040	Common collective trust fund: 127,816 units		2,342,867
*	Select Target Date Profile 2030	Common collective trust fund: 87,940 units		1,463,315
*	Select Target Date Profile 2035	Common collective trust fund: 80,130 units		1,415,094
*	Select Target Date Profile 2025	Common collective trust fund: 88,797 units		1,402,105
*	Select Target Date Profile 2020	Common collective trust fund: 85,108 units		1,276,619
*	DRT Balanced Fund	Common collective trust fund: 63,600 units		1,109,183
*	DRT Growth for Retirement	Common collective trust fund: 33,172 units		666,415
*	Select Target Date Profile 2010	Common collective trust fund: 46,292 units		636,518
*	Select Target Date Profile 2060	Common collective trust fund: 24,044 units		414,757
	Suspense Account			176,949
*	Select Target Date Profile 2015	Common collective trust fund: 11,990 units		170,616
*	DRT Conservative Fund	Common collective trust fund: 11,969 units		166,128
	ASC Terminated Participant Account	Cash and cash equivalents: 1,005 units		1,005
				<u>20,261,191</u>
	Participant Loans	Loans ranging from 1 to 15 years with interest rates of 4.25% to 6.50%		<u>810,539</u>
				<u>\$ 24,951,320</u>

* Indicates party-in-interest to the plan.

** Cost data has been omitted for participant directed investments.

See Independent Auditors' Report.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Supplementary Schedule
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)
and

Form 5500, Schedule H, Part IV, item 4j, 5% or more Reportable Transactions

Employer's Identification No. 66-0768469

Plan No.: 001

December 31, 2021

NONE

DRAFT

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶ ☐
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II Basic Plan Information—enter all requested information**1a** Name of plan
Guam Regional Medical City 401(k) Retirement
Savings Plan**1b** Three-digit plan number (PN) ▶ 001**1c** Effective date of plan
01/01/2014**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)
Guam HealthCare Development, Inc.**2b** Employer Identification Number (EIN)
66-0768469**2c** Plan Sponsor's telephone number
(671) 645-5500

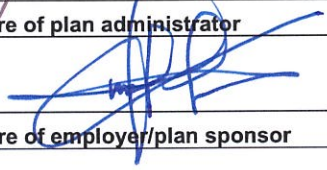
P.O.Box 3830

Hagatna

GU 96932

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			Charlotte Huntsman
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/12/23	Teodorico Constantino
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN 3c Administrator's telephone number
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		5 991
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) 888
a(2) Total number of active participants at the end of the plan year		6a(2) 770
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 103
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 873
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 873
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 774
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 Guam Regional Medical City 401(k) Retirement Savings Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 Guam HealthCare Development, Inc.	D Employer Identification Number (EIN) 66-0768469	

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)..... ☐ 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

(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

(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

(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

(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

(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

(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)

ASC TRUST, LLC

120 FATHER DUENAS AVE
CAPITOL PLAZA STE 110
HAGATNA

GU 96910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 21 24 26 27 28 37 38	NONE	165,293	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2

(b) Service Codes
(see instructions)(c) Enter amount of indirect
compensation

(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:

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

Part II Information on Participating Plans (to be completed by DFEs)
(Complete as many entries as needed to report all participating plans)**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 Guam Regional Medical City 401(k) Retirement Savings Plan		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 Guam HealthCare Development, Inc.		D Employer Identification Number (EIN) 66-0768469

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)	810,539	1,229,219
(9) Value of interest in common/collective trusts	1c(9)	20,083,683	18,317,341
(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)	4,057,098	3,795,360
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	24,951,320	23,341,920

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	24,951,320	23,341,920
---	-----------	------------	------------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1,346,095	
(B) Participants	2a(1)(B)	3,214,474	
(C) Others (including rollovers)	2a(1)(C)	242,714	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4,803,283

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)	42,928	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		42,928

(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)	113,894	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		113,894

(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)		-3,549,597
(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)		-902,172
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		508,336

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1,953,890	
(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)		1,953,890
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	9,900	
(3) Investment advisory and management fees.....	2i(3)	155,393	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		165,293
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2,119,183

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1,610,847
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		-1,447

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: BURGER COMER MAGLIARI, INC.

(2) EIN: 66-0826885

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?			
4e		X	
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 Guam Regional Medical City 401(k) Retirement Savings Plan		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 Guam HealthCare Development, Inc.		D Employer Identification Number (EIN) 66-0768469
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 66-0886903		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year.....	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

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 _____

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Supplementary Schedule
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
Employer's Identification No. 66-0768469
Plan No.: 001
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Barrower, Lessor, or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost**	Current Value
	<u>Shares of registered investment companies</u>			
	Vanguard Institutional Index I	Mutual fund: 5,130 units		\$ 1,649,914
	Fidelity® Inv MM Fds Money Market I	Cash and cash equivalents: 511,730 units		511,730
	Vanguard Mid Cap Index Institutional	Mutual fund: 5,221 units		291,162
	Fidelity® Select Software & IT Svcs Port	Mutual fund: 13,270 units		261,027
	Vanguard Total Bond Market Index I	Mutual fund: 18,633 units		176,637
	Vanguard Total Intl Stock Index I	Mutual fund: 1,348 units		150,147
	Harbor Capital Appreciation Instl	Mutual fund: 2,007 units		125,951
	JPMorgan Equity Income I	Mutual fund: 5,514 units		124,460
	BlackRock Health Sciences Opps Instl	Mutual fund: 1,431 units		100,198
	Causeway International Value Instl	Mutual fund: 5,784 units		92,141
	T. Rowe Price Blue Chip Growth	Mutual fund: 778 units		80,530
	Carillon Eagle Mid Cap Growth R6	Mutual fund: 457 units		33,080
	MFS International Growth I	Mutual fund: 740 units		30,117
	Vanguard Real Estate Index Institutional	Mutual fund: 1,525 units		27,588
	JHancock Disciplined Value Mid Cap R6	Mutual fund: 1,123 units		27,412
	iShares Gold Trust	Exchange traded fund: 776 units		26,832
	AMG TimesSquare Small Cap Growth I	Mutual fund: 2,566 units		26,534
	Wasatch Small Cap Value Institutional	Mutual fund: 2,101 units		17,122
	T. Rowe Price Capital Appreciation	Mutual fund: 488 units		14,509
	Metropolitan West Total Return Bd Plan	Mutual fund: 1,520 units		12,888
	VanEck Global Resources Fund Y	Mutual fund: 91 units		3,807
	Pioneer Strategic Income Y	Mutual fund: 350 units		3,177
	Invesco Global Opportunities Y	Mutual fund: 57 units		2,536
	BlackRock Inflation Protected Bond Instl	Mutual fund: 100 units		976
				<u>\$ 3,790,475</u>
	<u>Collective investment funds</u>			
*	Select Target Date Profile 2045	Common collective trust fund: 192,036 units		2,941,997
*	Select Target Date Profile 2050	Common collective trust fund: 175,412 units		2,682,044
*	Select Target Date Profile 2055	Common collective trust fund: 153,300 units		2,334,761
*	Select Target Date Profile 2040	Common collective trust fund: 149,092 units		2,248,306
*	Select Target Date Profile 2030	Common collective trust fund: 104,074 units		1,458,084
*	Select Target Date Profile 2025	Common collective trust fund: 100,933 units		1,361,592
*	Select Target Date Profile 2035	Common collective trust fund: 78,506 units		1,152,475
*	DRT Balanced Fund	Common collective trust fund: 73,301 units		1,085,584
*	Select Target Date Profile 2020	Common collective trust fund: 81,005 units		1,057,121
*	DRT Growth for Retirement	Common collective trust fund: 35,014 units		585,439
*	Select Target Date Profile 2060	Common collective trust fund: 37,955 units		530,611
*	Select Target Date Profile 2010	Common collective trust fund: 37,486 units		456,576
*	Select Target Date Profile 2015	Common collective trust fund: 13,998 units		175,816
*	DRT Conservative Fund	Common collective trust fund: 14,006 units		170,728
*	DRT Stable Fund	Common collective trust fund: 5,322 units		59,452
*	Select Target Date Profile 2065	Common collective trust fund: 1,967 units		16,756
	Suspense Account			4,884
				<u>18,322,226</u>
	Participant Loans	Loans ranging from 1 to 15 years with interest rates of 4.25% to 6.50%		<u>1,229,219</u>
				<u>\$ 23,341,920</u>

* Indicates party-in-interest to the plan.

** Cost data has been omitted for participant directed investments.

See Independent Auditors' Report.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Supplementary Schedule
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
Employer's Identification No. 66-0768469
Plan No.: 001
December 31, 2021

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Barrower, Lessor, or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost**	Current Value
	<u>Shares of registered investment companies</u>			
	Vanguard Institutional Index I	Mutual fund: 4,510 units		\$ 1,830,067
	Fidelity® Select Software & IT Svcs Port	Mutual fund: 10,110 units		303,187
	Vanguard Mid Cap Index Institutional	Mutual fund: 4,240 units		295,459
	Fidelity® Inv MM Fds Money Market I	Cash and cash equivalents: 275,712 units		275,712
	Harbor Capital Appreciation Instl	Mutual fund: 1,721 units		173,407
	T. Rowe Price Blue Chip Growth	Mutual fund: 892 units		158,676
	Vanguard Total Intl Stock Index I	Mutual fund: 1,075 units		146,964
	Vanguard Total Bond Market Index I	Mutual fund: 12,327 units		137,944
	Causeway International Value Instl	Mutual fund: 6,605 units		114,857
	BlackRock Health Sciences Opps Instl	Mutual fund: 1,236 units		98,782
	JPMorgan Equity Income I	Mutual fund: 4,080 units		97,299
	AMG TimesSquare Small Cap Growth I	Mutual fund: 3,556 units		53,191
	Carillon Eagle Mid Cap Growth R6	Mutual fund: 407 units		40,055
	MFS International Growth I	Mutual fund: 688 units		33,830
	Vanguard Real Estate Index Institutional	Mutual fund: 1,139 units		28,955
	iShares Gold Trust	Exchange traded fund: 667 units		23,232
	Wasatch Small Cap Value Institutional	Mutual fund: 1,900 units		20,178
	JHancock Disciplined Value Mid Cap R6	Mutual fund: 609 units		16,831
	Metropolitan West Total Return Bd Plan	Mutual fund: 1,402 units		14,338
	T. Rowe Price Capital Appreciation	Mutual fund: 186 units		6,881
	Invesco Global Opportunities Y	Mutual fund: 46 units		3,496
	Pioneer Strategic Income Y	Mutual fund: 282 units		3,040
	VanEck Global Resources Fund Y	Mutual fund: 62 units		2,478
	BlackRock Inflation Protected Bond Instl	Mutual fund: 62 units		731
				<u>\$ 3,879,590</u>
	<u>Collective investment funds</u>			
*	Select Target Date Profile 2045	Common collective trust fund: 180,970 units		3,389,570
*	Select Target Date Profile 2050	Common collective trust fund: 155,648 units		2,923,078
*	Select Target Date Profile 2055	Common collective trust fund: 144,141 units		2,706,972
*	Select Target Date Profile 2040	Common collective trust fund: 127,816 units		2,342,867
*	Select Target Date Profile 2030	Common collective trust fund: 87,940 units		1,463,315
*	Select Target Date Profile 2035	Common collective trust fund: 80,130 units		1,415,094
*	Select Target Date Profile 2025	Common collective trust fund: 88,797 units		1,402,105
*	Select Target Date Profile 2020	Common collective trust fund: 85,108 units		1,276,619
*	DRT Balanced Fund	Common collective trust fund: 63,600 units		1,109,183
*	DRT Growth for Retirement	Common collective trust fund: 33,172 units		666,415
*	Select Target Date Profile 2010	Common collective trust fund: 46,292 units		636,518
*	Select Target Date Profile 2060	Common collective trust fund: 24,044 units		414,757
	Suspense Account			176,949
*	Select Target Date Profile 2015	Common collective trust fund: 11,990 units		170,616
*	DRT Conservative Fund	Common collective trust fund: 11,969 units		166,128
	ASC Terminated Participant Account	Cash and cash equivalents: 1,005 units		1,005
				<u>20,261,191</u>
	Participant Loans	Loans ranging from 1 to 15 years with interest rates of 4.25% to 6.50%		<u>810,539</u>
				<u>\$ 24,951,320</u>

* Indicates party-in-interest to the plan.

** Cost data has been omitted for participant directed investments.

See Independent Auditors' Report.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Supplementary Schedule
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
Employer's Identification No. 66-0768469
Plan No.: 001
December 31, 2022

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Barrower, Lessor, or Similar Party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost**	Current Value
	<u>Shares of registered investment companies</u>			
	Vanguard Institutional Index I	Mutual fund: 5,130 units		\$ 1,649,914
	Fidelity® Inv MM Fds Money Market I	Cash and cash equivalents: 511,730 units		511,730
	Vanguard Mid Cap Index Institutional	Mutual fund: 5,221 units		291,162
	Fidelity® Select Software & IT Svcs Port	Mutual fund: 13,270 units		261,027
	Vanguard Total Bond Market Index I	Mutual fund: 18,633 units		176,637
	Vanguard Total Intl Stock Index I	Mutual fund: 1,348 units		150,147
	Harbor Capital Appreciation Instl	Mutual fund: 2,007 units		125,951
	JPMorgan Equity Income I	Mutual fund: 5,514 units		124,460
	BlackRock Health Sciences Opps Instl	Mutual fund: 1,431 units		100,198
	Causeway International Value Instl	Mutual fund: 5,784 units		92,141
	T. Rowe Price Blue Chip Growth	Mutual fund: 778 units		80,530
	Carillon Eagle Mid Cap Growth R6	Mutual fund: 457 units		33,080
	MFS International Growth I	Mutual fund: 740 units		30,117
	Vanguard Real Estate Index Institutional	Mutual fund: 1,525 units		27,588
	JHancock Disciplined Value Mid Cap R6	Mutual fund: 1,123 units		27,412
	iShares Gold Trust	Exchange traded fund: 776 units		26,832
	AMG TimesSquare Small Cap Growth I	Mutual fund: 2,566 units		26,534
	Wasatch Small Cap Value Institutional	Mutual fund: 2,101 units		17,122
	T. Rowe Price Capital Appreciation	Mutual fund: 488 units		14,509
	Metropolitan West Total Return Bd Plan	Mutual fund: 1,520 units		12,888
	VanEck Global Resources Fund Y	Mutual fund: 91 units		3,807
	Pioneer Strategic Income Y	Mutual fund: 350 units		3,177
	Invesco Global Opportunities Y	Mutual fund: 57 units		2,536
	BlackRock Inflation Protected Bond Instl	Mutual fund: 100 units		976
				<u>\$ 3,790,475</u>
	<u>Collective investment funds</u>			
*	Select Target Date Profile 2045	Common collective trust fund: 192,036 units		2,941,997
*	Select Target Date Profile 2050	Common collective trust fund: 175,412 units		2,682,044
*	Select Target Date Profile 2055	Common collective trust fund: 153,300 units		2,334,761
*	Select Target Date Profile 2040	Common collective trust fund: 149,092 units		2,248,306
*	Select Target Date Profile 2030	Common collective trust fund: 104,074 units		1,458,084
*	Select Target Date Profile 2025	Common collective trust fund: 100,933 units		1,361,592
*	Select Target Date Profile 2035	Common collective trust fund: 78,506 units		1,152,475
*	DRT Balanced Fund	Common collective trust fund: 73,301 units		1,085,584
*	Select Target Date Profile 2020	Common collective trust fund: 81,005 units		1,057,121
*	DRT Growth for Retirement	Common collective trust fund: 35,014 units		585,439
*	Select Target Date Profile 2060	Common collective trust fund: 37,955 units		530,611
*	Select Target Date Profile 2010	Common collective trust fund: 37,486 units		456,576
*	Select Target Date Profile 2015	Common collective trust fund: 13,998 units		175,816
*	DRT Conservative Fund	Common collective trust fund: 14,006 units		170,728
*	DRT Stable Fund	Common collective trust fund: 5,322 units		59,452
*	Select Target Date Profile 2065	Common collective trust fund: 1,967 units		16,756
	Suspense Account			4,884
				<u>18,322,226</u>
	Participant Loans	Loans ranging from 1 to 15 years with interest rates of 4.25% to 6.50%		<u>1,229,219</u>
				<u>\$ 23,341,920</u>

* Indicates party-in-interest to the plan.

** Cost data has been omitted for participant directed investments.

See Independent Auditors' Report.

**Guam Regional Medical City
401(k) Retirement Savings Plan**

Supplementary Schedule
Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)
and
Form 5500, Schedule H, Part IV, item 4j, 5% or more Reportable Transactions
Employer's Identification No. 66-0768469
Plan No.: 001
December 31, 2022

NONE

DRAFT