

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program
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>METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS</u>	1b Three-digit plan number (PN) ▶	<u>004</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>METHODIST HOSPITAL OF SOUTHERN CA</u> <u>300 WEST HUNTINGTON DRIVE</u> <u>ARCADIA, CA 91007</u>	1c Effective date of plan <u>01/01/1997</u>	2b Employer Identification Number (EIN) <u>95-1643336</u>
	2c Plan Sponsor's telephone number <u>626-821-6936</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.	10/16/2023	DAVID DONALDSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
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 2138
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) 1470
a(2) Total number of active participants at the end of the plan year		6a(2) 1848
b Retired or separated participants receiving benefits		6b 105
c Other retired or separated participants entitled to future benefits.....		6c 439
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 2392
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 2392
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 1515
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 2
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 2L 2M 2R 2T		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 METHODIST HOSPITAL OF SOUTHERN CA	D Employer Identification Number (EIN) 95-1643336	

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

(a) Name of insurance carrier NATIONWIDE LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	GAP-B2-JY9F	384	01/01/2022	12/31/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 26287416**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 25136328**c** Additions: (1) Contributions deposited during the year **7c(1)** 968246(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)** 560634(4) Transferred from separate account..... **7c(4)** 4945237(5) Other (specify below) **7c(5)** 38542▶ LOAN REPAYMENT - PRINCIPAL 9834 TRANSFER FROM OUTSIDE
NW 28708(6) Total additions..... **7c(6)** 6512659**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 31648987**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 3056502(2) Administration charge made by carrier..... **7e(2)** 38385(3) Transferred to separate account..... **7e(3)** 2266684(4) Other (specify below) **7e(4)**

▶

(5) Total deductions..... **7e(5)** 5361571**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 26287416

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 METHODIST HOSPITAL OF SOUTHERN CA	D Employer Identification Number (EIN) 95-1643336	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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--

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

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

NATIONWIDE

31-4156830

(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 19 64	TRUST RECORDKEEPER	235195	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLS FARGO ADVISORS FIN NET

59-2617265

(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?
27 50	ADVISORY FIRM	99796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEAFHOUSE FINANCIAL ADVISORS LLC

26-4311657

(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?
27 50	INVESTMENT MANAGEMENT	66701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ERISA SMART

45-5529798

(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?
16 29	ADVISORY FIRM	33347	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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>METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>METHODIST HOSPITAL OF SOUTHERN CA</u>	D Employer Identification Number (EIN) <u>95-1643336</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)	152124	136865
(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)	312191	142205
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	173920028	136637970
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	25136328	26287416
(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	199520671	163204456

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	199520671	163204456
---	-----------	-----------	-----------

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)	2097012	
(B) Participants	2a(1)(B)	7244592	
(C) Others (including rollovers)	2a(1)(C)	263811	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		9605415
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1849	
(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)	9636	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11485
(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)	2801687	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2801687
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-33739714
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-21321127
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14506467	
(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)		14506467
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		53369
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	435252	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		435252
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14995088
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-36316215
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **HOLTHOUSE CARLIN & VAN TRIGT LLP**

(2) EIN: **95-4345526**

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?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS		B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 METHODIST HOSPITAL OF SOUTHERN CA		D Employer Identification Number (EIN) 95-1643336
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-1592130		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	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 _____

**METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN**
FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE,
AND
INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2022



METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
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INDEPENDENT AUDITOR'S REPORT

To the Retirement Plan Committee of the
Methodist Hospital of Southern California Retirement Savings Plan:

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

We have performed audits of the financial statements of the Methodist Hospital of Southern California Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 4 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 of our report

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the accompanying financial statements 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 ("GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audit* section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

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

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

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

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 were identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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



Camarillo, California
October 13, 2023

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31,	2022	2021
Assets		
Investments, at fair value	\$ 163,062,251	\$ 199,208,480
Receivables:		
Organization contributions	79,646	81,255
Notes receivable from participants	142,205	312,191
Total assets	163,284,102	199,601,926
Liabilities	-	-
Net assets available for benefits	\$ 163,284,102	\$ 199,601,926

See notes to financial statements.

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31,

2022

Additions

Organization contributions	\$	2,095,403
Participants' contributions		7,244,592
Participants' rollover contributions		263,811
Interest income on investments		566,090
Dividend income on investments		2,801,687
Interest income on notes receivable from participants		9,636
Total additions		12,981,219

Deductions

Net depreciation of investments		34,270,039
Benefits paid to participants		14,593,752
Administrative expenses		435,252
Total deductions		49,299,043

Net decrease (36,317,824)

Net assets available for benefits

Beginning of year		199,601,926
End of year	\$	163,284,102

See notes to financial statements.

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

1. PLAN DESCRIPTION

The following description of the Methodist Hospital of Southern California Retirement Savings Plan (the "Plan") provides only general information. Participants and other interested parties should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - USC Arcadia Hospital (the "Organization" and the "Plan Sponsor"), formerly Methodist Hospital of Southern California, established the Plan to provide employees with a systematic means of savings and investing for the future. Effective July 1, 2022, USC Health System became the sole member of the Plan Sponsor and the name of the Plan Sponsor was changed to USC Arcadia Hospital. All permissible employees of the Organization as defined in accordance with the universal availability standards are eligible to enroll on their date of hire. The Plan is a 403(b) plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions - Participants may contribute up to 80 percent of pretax annual compensation, as defined in the Plan and subject to Internal Revenue Code ("IRC") limitations. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants that have been employed with the Organization for at least 15 years may contribute additional contributions, as defined in the Plan. Participants may also contribute amounts representing distributions from other eligible retirement plans, as defined in the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

The Plan provides for the Organization to make discretionary matching contributions. Participants must complete one year of service with at least 1,000 hours of service to be entitled to receive the discretionary Organization matching contribution. For the year ended December 31, 2022, the Organization matching contributions were \$2,095,403. The Plan also provides for qualified nonelective contributions, of which none were made for the year ended December 31, 2022.

Participant Accounts - Each participant's account is credited with the participant's contributions and discretionary Organization matching contributions, as well as allocations of the Organization qualified nonelective contributions, if any, and Plan earnings, and charged with any withdrawals or distributions requested by the participant, investment losses and allocation of administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are vested immediately in their contributions and Organization contributions plus actual earnings thereon.

Payment of Benefits - On termination of service for any reason, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account as permitted under the Plan. The Plan provides for a mandatory cash-out following severance of employment for account balances less than \$5,000.

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investments are valued daily. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Administrative Expenses - Certain administrative expenses incidental to the administration of the Plan may be paid by the Plan, unless otherwise paid by the Organization. Administrative expenses paid by the Organization are excluded from these financial statements.

Most investment options have fees which reduce the overall return on assets. The net depreciation of investments is inclusive of these fees.

Benefits Payable to Participants - Benefits are recorded when paid.

Subsequent Events - The Organization has evaluated subsequent events through October 13, 2023, which is the date that the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements.

3. FAIR VALUE

The Plan accounts for its financial instruments using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value measurement hierarchy is based on three levels of inputs, of which the first two are considered observable and the last unobservable. The three levels of the fair value hierarchy are the following:

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

- Level 1 – Inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.
- Level 3 – Inputs to the valuation that are unobservable and significant to the fair value measurement.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

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

Mutual Funds – This category consists of publicly traded funds of registered investment companies. The net asset value of the mutual fund's shares is quoted on the exchange where the fund is traded and therefore classified as Level 1 within the valuation hierarchy.

Guaranteed Interest Contract – The Fixed Contract Account is reported at contract value, which approximates fair value, and equals the accumulated cash contributions and interest credited to the Plan's contract, less any withdrawals. The fair value is determined using current crediting rates issued by the Trustee and is based on unobservable inputs and therefore classified as Level 3 within the valuation hierarchy. Participant-directed exchanges may not exceed 20 percent of their balance in the Fixed Contract Account, less any amounts exchanged during the one-year period ending on the exchange date.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value:

Investments at Fair Value as of December 31, 2022

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 136,304,779	\$ -	\$ -	\$ 136,304,779
Guaranteed interest contract	-	-	26,287,416	26,287,416
Individually Directed Accounts*	470,056	-	-	470,056
Total investments at fair value	\$ 136,774,835	\$ -	\$ 26,287,416	\$ 163,062,251

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

Investments at Fair Value as of December 31, 2021

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 173,674,303	\$ -	\$ -	\$ 173,674,303
Guaranteed interest contract	-	-	25,136,328	25,136,328
Individually Directed Accounts*	397,849	-	-	397,849
Total investments at fair value	\$ 174,072,152	\$ -	\$ 25,136,328	\$ 199,208,480

* As of December 31, 2022 and 2021, the individually directed accounts consisted of a money market mutual fund and mutual funds.

The following table sets forth a summary of transfers, purchases, and issuances of the Plan's Level 3 investment, Fixed Contract Account, for the year ended December 31, 2022:

Purchases	\$ 1,008,587
Issuances	\$ (3,099,950)
Transfers in	\$ 4,945,237
Transfers out	\$ (2,266,684)

The following table represents information about the significant unobservable inputs related to the Level 3 investments as of December 31, 2022:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range
Fixed Contract Account	\$26,287,416	Discontinuation value	Crediting rate	2.23%

The following table represents information about the significant unobservable inputs related to the Level 3 investments as of December 31, 2021:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range
Fixed Contract Account	\$25,136,328	Discontinuation value	Crediting rate	2.53%

4. FINANCIAL DATA CERTIFIED BY THE CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified as complete and accurate by Nationwide Trust Company, FSB (the "Custodian") and was not subjected to any auditing procedures performed by the independent public accountants:

- a. Investments, at fair value, as shown in the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021.

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

- b. Net depreciation of investments and interest and dividend income on investments as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022.
- c. Investments as listed in the accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022.

5. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan's investments are held by the Custodian. Transactions with the Custodian qualify as party in interest transactions for which exemptions exist. During the year ended December 31, 2022, the Custodian received \$235,158 for administrative and transaction fees that were paid by participants through the Plan. The Custodian also received indirect compensation from investments based on a formula. In addition, the Plan utilizes advisors that received compensation of \$200,094.

6. NOTES RECEIVABLE FROM PARTICIPANTS

Effective February 1, 2018, the Plan was amended to disallow new notes receivable from participants. Repayment of outstanding loan balances will continue until the loan balances are satisfied. Prior to February 1, 2018, participants were able to borrow from their account balance up to a maximum equal to the lesser of \$50,000 less the highest outstanding loan balance during the prior 12 months or 50 percent of their account balance. Loans were generally issued with a maturity of up to five years. The term of any loan for the purpose of purchasing a primary residence shall not exceed 15 years. The loan interest rate was determined by the plan administrator based on prevailing rates, as defined by the Plan. Principal and interest are paid directly to the Plan from the participants.

7. TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). The plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022

8. RISKS AND UNCERTAINTIES

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

9. PLAN TERMINATION

The Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

As of December 31,	2022	2021
Net assets available for benefits per the financial statements	\$ 163,284,102	\$ 199,601,926
Organization contributions receivable	(79,646)	(81,255)
Net assets available for benefits per the Form 5500	\$ 163,204,456	\$ 199,520,671

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

For the year ended December 31,	2022
Net decrease in net assets available for benefits per the financial statements	\$ (36,317,824)
Change in Organization contributions receivable	(1,609)
Net decrease in net assets available for benefits per the Form 5500	\$ (36,316,215)

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA**RETIREMENT SAVINGS PLAN**

EIN 95-1643336 PLAN #004

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

DECEMBER 31, 2022

Identity of issue	Description of investment	Current value
Investments		
AB Global Bond Fund	Mutual Fund	\$ 454,274
AB Large Cap Growth Fund	Mutual Fund	14,556,844
AB Relative Value Fund	Mutual Fund	466,025
AB Small Cap Growth Portfolio Fund	Mutual Fund	1,752
Allspring Discovery SMID Cap Growth Fund	Mutual Fund	42,997
Allspring Growth Fund	Mutual Fund	512
American Beacon Bridgeway Large Cap Value Fund	Mutual Fund	4,903
American Beacon International Equity Fund Class R5	Mutual Fund	20,400
American Beacon International Equity Fund Class R6	Mutual Fund	3,232
American Century Disciplined Core Value Fund	Mutual Fund	8,157,954
American Century Small Cap Growth Fund	Mutual Fund	1,621,252
American Funds American Balanced Fund	Mutual Fund	50,537
American Funds EuroPacific Growth Fund	Mutual Fund	22,047
American Funds The Growth Fund of America	Mutual Fund	20,491
American Funds New World Fund	Mutual Fund	11,281
American Funds Washington Mutual Investors Fund	Mutual Fund	6,215
Avantis U.S. Large Cap Value Fund	Mutual Fund	737,495
Avantis U.S. Small Cap Value Fund	Mutual Fund	207,639
Baron Asset Fund	Mutual Fund	1,582
Baron Discovery Fund	Mutual Fund	11,301
Baron Opportunity Fund	Mutual Fund	20,863
Baron Partners Fund	Mutual Fund	24,844
BlackRock High Yield Bond Portfolio Fund	Mutual Fund	843,617
BlackRock LifePath Index 2025 Fund	Asset Allocation Mutual Fund	10,918,178
BlackRock LifePath Index 2030 Fund	Asset Allocation Mutual Fund	9,079,693
BlackRock LifePath Index 2035 Fund	Asset Allocation Mutual Fund	7,522,273
BlackRock LifePath Index 2040 Fund	Asset Allocation Mutual Fund	6,454,987
BlackRock LifePath Index 2045 Fund	Asset Allocation Mutual Fund	4,161,485
BlackRock LifePath Index 2050 Fund	Asset Allocation Mutual Fund	4,547,545
BlackRock LifePath Index 2055 Fund	Asset Allocation Mutual Fund	1,087,156
BlackRock LifePath Index 2060 Fund	Asset Allocation Mutual Fund	477,866
BlackRock LifePath Index 2065 Fund	Asset Allocation Mutual Fund	13,366
BlackRock LifePath Index Retirement Fund	Asset Allocation Mutual Fund	10,639,117
BlackRock Mid-Cap Growth Equity Portfolio Fund	Mutual Fund	954,786
BlackRock Strategic Income Opportunities Portfolio Fund	Mutual Fund	322,373
BlackRock Total Return Fund	Mutual Fund	707,111
iShares Russell Small/Mid-Cap Index Fund	Mutual Fund	11,864
iShares S&P 500 Index Fund Institutional Shares	Mutual Fund	17,433
iShares S&P 500 Index Fund Class K	Mutual Fund	5,768
Cohen & Steers Real Estate Securities Fund	Mutual Fund	1,397,720
Columbia Select Large Cap Growth Fund	Mutual Fund	185,819
Columbia Thermostat Fund	Mutual Fund	19,808
Delaware Ivy Emerging Markets Local Currency Debt Fund	Mutual Fund	10,183

Continued on next page

See notes to financial statements and accompanying independent auditor's report.

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA**RETIREMENT SAVINGS PLAN**

EIN 95-1643336 PLAN #004

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

DECEMBER 31, 2022

(CONTINUED)

Identity of issue	Description of investment	Current value
Delaware Mid Cap Growth Equity Fund	Mutual Fund	8,848
DFA Emerging Markets Portfolio Fund	Mutual Fund	17,294
DFA Emerging Markets Core Equity Portfolio Fund	Mutual Fund	801,673
DFA Global Real Estate Securities Portfolio Fund	Mutual Fund	39,086
DFA Inflation-Protected Securities Portfolio Fund	Mutual Fund	700,880
DFA U.S. Large Cap Value Portfolio Fund	Mutual Fund	113,226
DFA U.S. Targeted Value Portfolio Fund	Mutual Fund	4,653
DFA World ex U.S. Government Fixed Income Portfolio Fund	Mutual Fund	240,381
DoubleLine Total Return Bond Fund	Mutual Fund	46,427
Diamond Hill Mid Cap Fund	Mutual Fund	395,511
Dodge & Cox International Stock Fund	Mutual Fund	884,765
Eventide Gilead Fund	Mutual Fund	12,260
Federated Hermes Government Obligations Fund	Money Market Mutual Fund	136,865
Fidelity 500 Index Fund	Mutual Fund	15,091,592
Fidelity International Index Fund	Mutual Fund	833,981
Fidelity Large Cap Growth Index Fund	Mutual Fund	1,821
Fidelity Large Cap Value Index Fund	Mutual Fund	3,284
Fidelity NASDAQ Composite Index Fund	Mutual Fund	55,475
Fidelity U.S. Bond Index Fund	Mutual Fund	986,006
Fidelity Advisor Biotechnology Fund	Mutual Fund	32,575
Fidelity Advisor Growth Opportunities Fund	Mutual Fund	25,014
Fidelity Advisor Utilities Fund	Mutual Fund	39,901
Franklin DynaTech Fund	Mutual Fund	22,825
Franklin Gold and Precious Metals Fund	Mutual Fund	29,870
Templeton Global Bond Fund	Mutual Fund	103
Goldman Sachs GQG Partners International Opportunities Fund	Mutual Fund	892,992
Guggenheim Floating Rate Strategies Fund	Mutual Fund	351
Harbor International Growth Fund	Mutual Fund	21,083
Hartford Core Equity Fund	Mutual Fund	14,045
Invesco Equally-Weighted S&P 500 Fund	Mutual Fund	121,588
Invesco International Diversified Fund	Mutual Fund	73,518
Invesco Oppenheimer International Growth Fund	Mutual Fund	1,124
Invesco Real Estate Fund	Mutual Fund	9,342
JPMorgan Emerging Markets Equity Fund	Mutual Fund	717,365
JPMorgan Equity Income Fund	Mutual Fund	706,761
JPMorgan Hedged Equity Fund	Mutual Fund	281,844
JPMorgan Large Cap Growth Fund	Mutual Fund	783,062
JPMorgan Small Cap Growth Fund	Mutual Fund	6,072
JPMorgan Small Cap Value Fund	Mutual Fund	48,797
Janus Henderson Global Technology and Innovation Fund	Mutual Fund	25,614
ClearBridge International Growth Fund	Mutual Fund	3,762,852
Western Asset Core Bond Fund	Mutual Fund	32,873
Western Asset Core Plus Bond Fund	Mutual Fund	3,932,752

Continued on next page

See notes to financial statements and accompanying independent auditor's report.

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA**RETIREMENT SAVINGS PLAN****EIN 95-1643336 PLAN #004****SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2022****(CONTINUED)**

Identity of issue	Description of investment	Current value
Lord Abbett Floating Rate Fund	Mutual Fund	8,134
Lord Abbett Total Return Fund	Mutual Fund	218,151
MFS New Discovery Value Fund	Mutual Fund	1,961,735
Morgan Stanley Insight Fund	Mutual Fund	20,579
Morgan Stanley Institutional Fund Trust Discovery Portfolio Fund	Mutual Fund	56,928
Morgan Stanley Institutional Fund, Inc.		
Global Opportunity Portfolio Fund	Mutual Fund	6,657
Morgan Stanley Institutional Fund, Inc. Inception Portfolio Fund	Mutual Fund	5,719
Morgan Stanley Institutional Fund, Inc. Growth Portfolio Fund	Mutual Fund	42,476
* Nationwide Loomis All Cap Growth Fund	Mutual Fund	763,948
* Nationwide NYSE Arca Tech 100 Index Fund	Mutual Fund	31,502
Nuveen High Yield Income Fund	Mutual Fund	112
Oakmark Fund	Mutual Fund	5,719
PGIM High Yield Fund	Mutual Fund	2,376,244
PGIM Jennison Growth Fund	Mutual Fund	1,085
PGIM Total Return Bond Fund	Mutual Fund	982,589
PIMCO Income Fund	Mutual Fund	33,227
PIMCO RAE PLUS Fund	Mutual Fund	4,747
PIMCO Real Return Fund	Mutual Fund	791,570
PIMCO StocksPLUS Small Fund	Mutual Fund	491
PIMCO StocksPLUS Absolute Return Fund	Mutual Fund	597
PIMCO Total Return Fund	Mutual Fund	45,982
PIMCO CommodityRealReturn Strategy Fund	Mutual Fund	371,470
Parnassus Value Equity Fund	Mutual Fund	24,814
Pioneer Select Mid Cap Growth Fund	Mutual Fund	17,115
Principal Global Real Estate Securities Fund	Mutual Fund	458,157
Principal Real Estate Securities Fund	Mutual Fund	6,344
PGIM Global Real Estate Fund	Mutual Fund	319
T. Rowe Price All-Cap Opportunities Fund	Mutual Fund	1,342
T. Rowe Price Blue Chip Growth Fund	Mutual Fund	1,832
T. Rowe Price Communications & Technology Fund	Mutual Fund	21,455
T. Rowe Price Equity Income Fund	Mutual Fund	18,795
T. Rowe Price Growth Stock Fund	Mutual Fund	3,682
T. Rowe Price Science and Technology Fund	Mutual Fund	22,204
T. Rowe Price U.S. Equity Research Fund	Mutual Fund	14,045
Victory Sycamore Established Value Fund	Mutual Fund	1,197,416
Virtus Zevenbergen Technology Fund	Mutual Fund	45,433
Vanguard 500 Index Fund	Mutual Fund	742,183
Vanguard Balanced Index Fund	Mutual Fund	2,687
Vanguard Developed Markets Index Fund	Mutual Fund	701,500
Vanguard Emerging Markets Stock Index Fund	Mutual Fund	6,027
Vanguard Energy Fund	Mutual Fund	6,910
Vanguard Energy Index Fund	Mutual Fund	2,268

Continued on next page

See notes to financial statements and accompanying independent auditor's report.

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA**RETIREMENT SAVINGS PLAN**

EIN 95-1643336 PLAN #004

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

DECEMBER 31, 2022

(CONTINUED)

Identity of issue	Description of investment	Current value
Vanguard European Stock Index Fund	Mutual Fund	5,440
Vanguard Explorer Fund	Mutual Fund	291,030
Vanguard FTSE Social Index Fund	Mutual Fund	20,422
Vanguard Growth Index Fund	Mutual Fund	61,544
Vanguard High Dividend Yield Index Fund	Mutual Fund	3,445
Vanguard Health Care Fund	Mutual Fund	5,847
Vanguard Information Technology Index Fund	Mutual Fund	247,206
Vanguard International Growth Fund	Mutual Fund	1,542
Vanguard Mid-Cap Growth Index Fund	Mutual Fund	29,202
Vanguard Mid-Cap Growth Fund	Mutual Fund	2,649
Vanguard Mid-Cap Value Index Fund	Mutual Fund	308
Vanguard Mid-Cap Index Fund	Mutual Fund	3,888,726
Vanguard Real Estate Index Fund	Mutual Fund	1,810
Vanguard Short-Term Bond Index Fund	Mutual Fund	36,735
Vanguard Short-Term Treasury Fund	Mutual Fund	51,565
Vanguard Selected Value Fund	Mutual Fund	311
Vanguard Small-Cap Index Fund	Mutual Fund	1,333,614
Vanguard Small Cap Value Index Fund	Mutual Fund	3,140
Vanguard Strategic Equity Fund	Mutual Fund	3,477
Vanguard Strategic Small-Cap Equity Fund	Mutual Fund	3,078
Vanguard Target Retirement 2020 Fund	Asset Allocation Mutual Fund	49,146
Vanguard Target Retirement 2050 Fund	Asset Allocation Mutual Fund	138,235
Vanguard Total Bond Market Index Fund	Mutual Fund	550,736
Vanguard Total International Stock Index Fund	Mutual Fund	94,903
Vanguard Total Stock Market Index Fund	Mutual Fund	360,580
Vanguard Total World Stock Index Fund	Mutual Fund	583
Vanguard Value Index Fund	Mutual Fund	316,376
* Fixed Contract Account	Guaranteed Interest Contract	26,287,416
Individually Directed Accounts	Various	470,056
		163,062,251
* Participant loans	Interest rates from 5.25% to 6.50%, maturity dates from 2023 to 2032	142,205
		\$ 163,204,456

* Indicates a party in interest to the Plan.

See notes to financial statements and accompanying independent auditor's report.

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		and ending	
A Name of plan	B Three-digit plan number (PN) ►		
C Plan sponsor's name as shown on line 2a of Form 5500		D Employer Identification Number (EIN)	

Part I	Asset and Liability Statement
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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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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		

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		

Net Assets

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

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		
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)		
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

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

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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			

	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			
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			
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			
e Was this plan covered by a fidelity bond?			
4e			
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			
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			
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			
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			
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			
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			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 _____.			

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Participant Loans			142,205
	Nationwide Life Insurance	AB Glbl Bd I		454,274
	Nationwide Life Insurance	AB LgCap Gr I		14,556,843
	Nationwide Life Insurance	AB Rel Val I		466,025
	Nationwide Life Insurance	AB SmCap Gr Adv		1,752
	Nationwide Life Insurance	Aggregate SDBA Assets		470,056
	Nationwide Life Insurance	Allspr Disc SMIDCapGr Inst		42,997

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Allspr Gr Inst		512
	Nationwide Life Insurance	AmBcn BrdgwayLgCapVal Inv		4,903
	Nationwide Life Insurance	AmBcn Intl Eq R5		20,400
	Nationwide Life Insurance	AmBcn Intl Eq R6		3,232
	Nationwide Life Insurance	AmCent Dscpld Cor Val I		8,157,954
	Nationwide Life Insurance	AmCent SmCap Gr R6		1,621,252
	Nationwide Life Insurance	AmFds Am Bal R6		50,537

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

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Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	AmFds EuroPacfc Gr R6		22,047
	Nationwide Life Insurance	AmFds Gr Fd Am R6		20,491
	Nationwide Life Insurance	AmFds New Wld R6		11,281
	Nationwide Life Insurance	AmFds Wshngtn Mut Inv R6		6,215
	Nationwide Life Insurance	Avnts US LgCap Val Inst		737,495
	Nationwide Life Insurance	Avnts US SmCap Val Inst		207,639
	Nationwide Life Insurance	BOA-Fixed		26,287,416

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Baron Asst Inst		1,582
	Nationwide Life Insurance	Baron Disc Inst		11,301
	Nationwide Life Insurance	Baron Oppr Inst		20,863
	Nationwide Life Insurance	Baron Ptnrs Inst		24,844
	Nationwide Life Insurance	BlkRk Hi Yld Bd Port K		843,617
	Nationwide Life Insurance	BlkRk LfPath Indx 2025 K		10,918,178
	Nationwide Life Insurance	BlkRk LfPath Indx 2030 K		9,079,693

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

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Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	BlkRk LfPath Indx 2035 K		7,522,274
	Nationwide Life Insurance	BlkRk LfPath Indx 2040 K		6,454,987
	Nationwide Life Insurance	BlkRk LfPath Indx 2045 K		4,161,485
	Nationwide Life Insurance	BlkRk LfPath Indx 2050 K		4,547,545
	Nationwide Life Insurance	BlkRk LfPath Indx 2055 K		1,087,156
	Nationwide Life Insurance	BlkRk LfPath Indx 2060 K		477,866
	Nationwide Life Insurance	BlkRk LfPath Indx 2065 K		13,366

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	BlkRk LfPath Indx Rtrm K		10,639,117
	Nationwide Life Insurance	BlkRk MdCap Gr Eq Inst		954,786
	Nationwide Life Insurance	BlkRk Strat Inc Oppr I		322,373
	Nationwide Life Insurance	BlkRk Ttl Rtn K		707,111
	Nationwide Life Insurance	BlkRk iS RslSmMdCapIndx K		11,864
	Nationwide Life Insurance	BlkRk iS S P 500 Indx Inst		17,433
	Nationwide Life Insurance	BlkRk iS S P 500 Indx K		5,768

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	CohenStrs RealEst Sec Inst		1,397,720
	Nationwide Life Insurance	Col Sel LgCap Gr Inst2		185,819
	Nationwide Life Insurance	Col Thrnst Inst2		19,808
	Nationwide Life Insurance	DE Ivy EmrgMktLclCrnDbt I		10,183
	Nationwide Life Insurance	DE Smid Cap Gr Inst		8,848
	Nationwide Life Insurance	DFA Emrg Mkt		17,294
	Nationwide Life Insurance	DFA Emrg Mkt Cor Eq Inst		801,673

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	DFA Gbl RealEst Sec Inst		39,086
	Nationwide Life Insurance	DFA Infl Prtct Sec Inst		700,880
	Nationwide Life Insurance	DFA US LgCap Val Inst		113,226
	Nationwide Life Insurance	DFA US Trgt Val Inst		4,653
	Nationwide Life Insurance	DFA WldexUSGovtFxdInc Inst		240,381
	Nationwide Life Insurance	Dblne Ttl Rtn Bd N		46,427
	Nationwide Life Insurance	Diamond Hill MdCap I		395,511

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

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Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	DodgeCox Intl Stk I		884,765
	Nationwide Life Insurance	Eventde Gilead I		12,260
	Nationwide Life Insurance	Fed Hrms Gov Oblgtns Prmr		136,865
	Nationwide Life Insurance	Fid 500 Indx		15,091,592
	Nationwide Life Insurance	Fid Intl Indx		833,980
	Nationwide Life Insurance	Fid Lg Cap Gr Indx		1,821
	Nationwide Life Insurance	Fid Lg Cap Val Indx		3,284

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Fid NSDQ Cmpst Indx		55,475
	Nationwide Life Insurance	Fid US Bd Indx		986,006
	Nationwide Life Insurance	FidAdv Bio Inst		32,575
	Nationwide Life Insurance	FidAdv Gr Oppr Inst		25,014
	Nationwide Life Insurance	FidAdv Util I		39,901
	Nationwide Life Insurance	Fnkln DynaTech Adv		22,825
	Nationwide Life Insurance	Fnkln Gold Prec Mtls Adv		29,870

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	FnklnTmp Glbl Bd R6		103
	Nationwide Life Insurance	GdmnScs GQGPtrIntlOppr R6		892,992
	Nationwide Life Insurance	Gughm Flotng Rt Strat Inst		351
	Nationwide Life Insurance	Harbor Intl Gr Inst		21,083
	Nationwide Life Insurance	Hrtfrd Cor Eq R6		14,045
	Nationwide Life Insurance	Invsco Eq Wgt S P 500 Y		121,588
	Nationwide Life Insurance	Invsco Intl Divrs Y		73,518

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

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Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Invsco Opp Intl Gr Y		1,124
	Nationwide Life Insurance	Invsco RealEst Y		9,342
	Nationwide Life Insurance	JPM Emrg Mkt Eq R6		717,365
	Nationwide Life Insurance	JPM Eq Inc R5		706,761
	Nationwide Life Insurance	JPM Hdg Eq R6		281,843
	Nationwide Life Insurance	JPM LgCap Gr R6		783,062
	Nationwide Life Insurance	JPM SmCap Gr R6		6,072

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

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Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	JPM SmCap Val R6		48,797
	Nationwide Life Insurance	JnsHndrsn GblTech Innov N		25,614
	Nationwide Life Insurance	LeggM ClrBrdg Intl Gr I		3,762,852
	Nationwide Life Insurance	LeggM WstrAs Cor Bd I		32,873
	Nationwide Life Insurance	LeggM WstrAs CorPlsBd IS		3,932,752
	Nationwide Life Insurance	LrdAbt Flotng Rt R5		8,134
	Nationwide Life Insurance	LrdAbt Ttl Rtn R5		218,151

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

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Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	MFS New Disc Val R6		1,961,735
	Nationwide Life Insurance	MS Insight I		20,578
	Nationwide Life Insurance	MSIF Disc I		56,928
	Nationwide Life Insurance	MSIF Gbl Oppr I		6,657
	Nationwide Life Insurance	MSIF Incptn I		5,719
	Nationwide Life Insurance	MSIF Inst Gr I		42,476
	Nationwide Life Insurance	NW Loomis AllCap Gr R6		763,948

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

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Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	NW NYSE ArcTch100Indx R6		31,502
	Nationwide Life Insurance	Nuvn Hi Yld Inc I		112
	Nationwide Life Insurance	Okmrk Fd Inv		5,719
	Nationwide Life Insurance	PGIM Hi Yld R6		2,376,244
	Nationwide Life Insurance	PGIM Jnlsn Gr Z		1,085
	Nationwide Life Insurance	PGIM Ttl Rtn Bd R6		982,589
	Nationwide Life Insurance	PIMCO Inc Inst		33,227

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	PIMCO RAE PLUS Inst		4,747
	Nationwide Life Insurance	PIMCO Real Rtn Inst		791,570
	Nationwide Life Insurance	PIMCO Stk PLUS Sm Inst		491
	Nationwide Life Insurance	PIMCO StkPLUS Ttl Rtn Inst		597
	Nationwide Life Insurance	PIMCO Ttl Rtn Inst		45,982
	Nationwide Life Insurance	PIMCOComdyRealRtnStratInst		371,470
	Nationwide Life Insurance	Parnassus Val Eq Inst		24,814

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings
Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

EIN: 95-1643336
PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Pionr Sel MdCap Gr Y		17,115
	Nationwide Life Insurance	Prncpl Glbl RealEst R6		458,157
	Nationwide Life Insurance	Prncpl RealEst Sec Inst		6,344
	Nationwide Life Insurance	Prudntl Glbl RealEst Z		319
	Nationwide Life Insurance	TRowePr AllCap Oppr		1,342
	Nationwide Life Insurance	TRowePr Blue Chip Gr		1,832
	Nationwide Life Insurance	TRowePr Comm Tech		21,455

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings
Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

EIN: 95-1643336
PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	TRowePr Eq Inc		18,795
	Nationwide Life Insurance	TRowePr Gr Stk I		3,682
	Nationwide Life Insurance	TRowePr Scnc Tech		22,204
	Nationwide Life Insurance	TRowePr US Eq Rsrch		14,045
	Nationwide Life Insurance	Vic Syc Estblshd Val I		1,197,416
	Nationwide Life Insurance	Virtus Tech Inst		45,433
	Nationwide Life Insurance	Vngrd 500 Index Fd AS		742,183

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Bal Indx Adml		2,687
	Nationwide Life Insurance	Vngrd Devl Mkt Indx Adml		701,500
	Nationwide Life Insurance	Vngrd Emrg Mkt StkIndxAdml		6,027
	Nationwide Life Insurance	Vngrd Enrgy Adml		6,910
	Nationwide Life Insurance	Vngrd Enrgy Indx Adml		2,268
	Nationwide Life Insurance	Vngrd Euro Stk Indx Adml		5,440
	Nationwide Life Insurance	Vngrd Explr Adml		291,030

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd FTSE Soc Indx Adml		20,422
	Nationwide Life Insurance	Vngrd Gr Indx Adml		61,543
	Nationwide Life Insurance	Vngrd HiDivd Yld Indx Adml		3,445
	Nationwide Life Insurance	Vngrd Hlth Care Adml		5,847
	Nationwide Life Insurance	Vngrd Info Tech Indx Adml		247,206
	Nationwide Life Insurance	Vngrd Intl Gr Adml		1,542
	Nationwide Life Insurance	Vngrd MdCap Gr Indx Adml		29,201

Attachment to 2022 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd MdCap Gr Inv		2,649
	Nationwide Life Insurance	Vngrd MdCap Val Indx Adml		308
	Nationwide Life Insurance	Vngrd Mid-Cap Idx Fd AS		3,888,726
	Nationwide Life Insurance	Vngrd RealEst Indx Adml		1,810
	Nationwide Life Insurance	Vngrd ST Bd Indx Adml		36,735
	Nationwide Life Insurance	Vngrd ST Trsry Adml		51,565
	Nationwide Life Insurance	Vngrd Sel Val Inv		311

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Sm Cap Indx Fd AS		1,333,614
	Nationwide Life Insurance	Vngrd SmCap Val Indx Adml		3,140
	Nationwide Life Insurance	Vngrd Strat Eq Inv		3,477
	Nationwide Life Insurance	Vngrd Strat SmCap Eq Inv		3,078
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2020 Inv		49,146
	Nationwide Life Insurance	Vngrd Trgt Rtrmt 2050 Inv		138,235
	Nationwide Life Insurance	Vngrd Ttl Bnd Mkt ldx Adm		550,736

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Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Methodist Hospital of Southern California Retirement Savings

EIN: 95-1643336

Plan Sponsor's Name METHODIST HOSPITAL OF SOUTHERN CA

PN: 004

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Nationwide Life Insurance	Vngrd Ttl IntlStkIndx Adml		94,902
	Nationwide Life Insurance	Vngrd Ttl StMkt Indx Fd AS		360,579
	Nationwide Life Insurance	Vngrd Ttl WldStk Indx Adml		583
	Nationwide Life Insurance	Vngrd Val Indx Adml		316,376