

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 03/31/2023

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

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>METHODIST HOSPITAL RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
	1c Effective date of plan	<u>07/01/1970</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>DEACONESS HEALTH SYSTEM, INC.</u> <u>600 MARY STREET</u> <u>EVANSVILLE, IN 47747</u>	2b Employer Identification Number (EIN)	<u>35-1532889</u>
	2c Plan Sponsor's telephone number	<u>812-450-5000</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	<u>Filed with authorized/valid electronic signature.</u>	<u>01/12/2024</u>	<u>SHERI BROWN</u>
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>PENSION COMMITTEE BOARD OF DIRECTORS</p> <p>600 MARY STREET EVANSVILLE, IN 47747</p>	<p>3b Administrator's EIN 35-1532889</p> <p>3c Administrator's telephone number 812-450-5000</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 868</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year 6a(1) 306</p> <p>a(2) Total number of active participants at the end of the plan year 6a(2) 0</p> <p>b Retired or separated participants receiving benefits 6b 0</p> <p>c Other retired or separated participants entitled to future benefits..... 6c 0</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c..... 6d 0</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. 6e 0</p> <p>f Total. Add lines 6d and 6e..... 6f 0</p> <p>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... 6g</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... 6h 0</p>	
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>
<p>8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I</p> <p>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:</p>	

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> 0 A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 03/31/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>METHODIST HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEACONESS HEALTH SYSTEM, INC.</u>		
D Employer Identification Number (EIN) <u>35-1532889</u>		
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>33581660</u>	
b Actuarial value.....	2b	<u>33812740</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>76</u>	<u>5835735</u>	<u>5835735</u>
b For terminated vested participants.....	<u>489</u>	<u>11979588</u>	<u>11979588</u>
c For active participants.....	<u>306</u>	<u>14678808</u>	<u>14846868</u>
d Total	<u>871</u>	<u>32494131</u>	<u>32662191</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....			4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....			4b
5 Effective interest rate.....			5 <u>5.57 %</u>
6 Target normal cost			
a Present value of current plan year accruals.....			6a <u>0</u>
b Expected plan-related expenses			6b <u>124179</u>
c Total (line 6a + line 6b)			6c <u>124179</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Signature of actuary <u>STACI JAMES FSA</u> Type or print name of actuary <u>MERCER</u> Firm name <u>SUITE 500 400 WEST MARKET STREET LOUISVILLE, KY 40202-3319</u> Address of the firm	Date <u>23-06060</u> Most recent enrollment number <u>502-561-4500</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-1.72</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.76</u> %.....		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	103.52 %
15	Adjusted funding target attainment percentage	15	103.52 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	109.59 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years..... **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)..... **31a** 124179

b Excess assets, if applicable, but not greater than line 31a **31b** 124179

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)..... **38a** 0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b**

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 03/31/2023

A Name of plan <u>METHODIST HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEACONESS HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>35-1532889</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

MERCER

13-2834414

(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?
11 51 52	FIDUCIARY	34070	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

KENNEDY CAPITAL MANAGEMENT

10829 OLIVE BLVD
SUITE 100
ST. LOUIS, MO 63141

(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	NONE	30162	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning **07/01/2022** and ending **03/31/2023**

A Name of plan METHODIST HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 DEACONESS HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1532889
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER US SMALL/MID CAP EQUITY**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566611-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER CORE FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566615-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER NON-US CORE EQUITY**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 03-0566617-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER GLOBAL LOW VOLATILITY EQUITY**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 35-7004395-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER OPPORTUNISTIC FIXED INCOME**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 36-7630030-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MERCER ACTIVE LONG CORPORATE FIXED**

b Name of sponsor of entity listed in (a): **MERCER TRUST COMPANY LLC**

c EIN-PN 45-6178743-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EMG MKTS INDX NL SF CL A**

b Name of sponsor of entity listed in (a): **MERCER INVESTMENTS LLC**

c EIN-PN 04-0025081-496	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTL INDX NL SF CL A

b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC

c EIN-PN 90-0337987-157	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 (R) INDX NL SF CL A

b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC

c EIN-PN 04-0025081-097	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LONG TREASURY INDX NL SF CL A

b Name of sponsor of entity listed in (a): MERCER INVESTMENTS LLC

c EIN-PN 90-0337987-183	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
--------------------------------	------------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC CIF ENDURING ASSETS

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-2767481-185	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**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 **07/01/2022** and ending **03/31/2023**

A Name of plan METHODIST HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEACONESS HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 35-1532889

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)	601 0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	965629 0
(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)	31767667 0
(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)	847763 0
(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	33581660	0
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	33581660	0

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	4125	
(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		-3357903
d Total income. Add all income amounts in column (b) and enter total	2d		-3353778
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	590520	
(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)		590520
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)	29952	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	34280	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		64232
j Total expenses. Add all expense amounts in column (b) and enter total	2j		654752
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-4008530
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		29573130

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: BLUE & CO., LLC

(2) EIN: 35-1178661

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m			
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)
DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN	35-1532889	333

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 03/31/2023

A Name of plan <u>METHODIST HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEACONESS HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>35-1532889</u>	

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): 31-1051736

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	0
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

METHODIST HOSPITAL RETIREMENT PLAN

FINANCIAL STATEMENTS

(MODIFIED CASH BASIS)

MARCH 31, 2023 AND JUNE 30, 2022

CPAs / ADVISORS



METHODIST HOSPITAL RETIREMENT PLAN

TABLE OF CONTENTS MARCH 31, 2023 AND JUNE 30, 2022

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Schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.



Blue & Co., LLC / 500 N. Meridian Street, Suite 200 / Indianapolis, IN 46204
main 317.633.4705 fax 317.633.4889 email blue@blueandco.com

REPORT OF INDEPENDENT AUDITORS

Audit and Compliance Committee
Deaconess Health System, Inc.
Evansville, Indiana

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

We have performed audits of the financial statements of Methodist Hospital Retirement 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 statement of net assets available for benefits (modified cash basis) as of March 31, 2023 and June 30, 2022, and the related statement of changes in net assets available for benefits (modified cash basis) for the nine months ended March 31, 2023 and the year ended June 30, 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, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the nine months ended March 31, 2023, and as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the 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 the modified cash basis of accounting.
- 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).

Audit and Compliance Committee
Deaconess Health System, Inc.
Evansville, Indiana

Basis for Opinion on the Financial Statements

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

Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Emphasis of Matter – Plan Merger

As described in Note 5 to the financial statements, Plan was merged into the Deaconess Health System, Inc. Retirement Plan effective July 1, 2022, with the final transfer of assets in March 2023. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statement's 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

Audit and Compliance Committee
Deaconess Health System, Inc.
Evansville, Indiana

collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

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

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 the modified cash basis of accounting.

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

Blue & Co., LLC

Indianapolis, Indiana
January 11, 2024

METHODIST HOSPITAL RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
MARCH 31, 2023 AND JUNE 30, 2022

	<u>March 31, 2023</u>	<u>June 30, 2022</u>
Assets		
Investments, at fair value		
Mutual funds	\$ -0-	\$ 847,763
Common/collective trusts	-0-	31,767,667
Money market mutual funds	-0-	965,629
Total investments	-0-	33,581,059
Accrued interest and dividends	-0-	601
Total assets	-0-	33,581,660
Net assets available for benefits	<u>\$ -0-</u>	<u>\$ 33,581,660</u>

See accompanying notes to financial statements.

METHODIST HOSPITAL RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
NINE MONTHS ENDED MARCH 31, 2023 AND YEAR ENDED JUNE 30, 2022

	9 Months Ended March 31, 2023	Year Ended June 30, 2022
Additions to net assets attributed to:		
Investment return (loss)		
Net change in fair value of investments	\$ (3,372,199)	\$ (1,238,791)
Interest and dividends	18,421	610,882
Total investment return (loss)	<u>(3,353,778)</u>	<u>(627,909)</u>
Total additions	(3,353,778)	(627,909)
Deductions from net assets attributed to:		
Benefit payments	590,520	4,323,713
Administrative expenses	64,232	123,838
Total deductions	<u>654,752</u>	<u>4,447,551</u>
Net change before transfer of assets	(4,008,530)	(5,075,460)
Transfer of assets to another plan	<u>29,573,130</u>	<u>-0-</u>
Net change	(33,581,660)	(5,075,460)
Net assets available for benefits		
Beginning of year	<u>33,581,660</u>	<u>38,657,120</u>
End of year	<u>\$ -0-</u>	<u>\$ 33,581,660</u>

See accompanying notes to financial statements.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2023 AND JUNE 30, 2022

1. DESCRIPTION OF THE PLAN

The following brief description of the Methodist Hospital Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the provisions of the Plan.

General

The Plan is a frozen defined benefit pension plan covering certain employees of Methodist Health, Inc. (the Hospital). No employees hired after October 1, 2009 are permitted to participate in the Plan, and the Plan was amended, effective July 1, 2013, to freeze all benefit accruals as of June 30, 2013. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective July 1, 2020, the Hospital became a part of Deaconess Health System (the System).

Effective July 1, 2022, the Plan merged into the Deaconess Health System, Inc. Retirement Plan (Deaconess Retirement Plan). The assets of the Plan were transferred to the Deaconess Retirement Plan during the nine months ended March 31, 2023. See Note 5 for additional information.

Pension, Death, and Disability Benefits and Other

Employees with five or more years of service are entitled to a monthly pension benefit beginning at normal retirement age (65) equal to 1.10% of their average monthly compensation, plus .60% of their average monthly compensation in excess of covered compensation, such sum multiplied by credited service up to 30 years for all benefit service prior to October 2009. In general, for periods before October 2009, the Plan provides vested participants with a monthly pension benefit beginning at their normal retirement date (first of month on or after attaining age 65) equal to 33% of their average monthly compensation, plus 18% of their average monthly compensation in excess of covered compensation, reduced by 1/30 for each year of credited service less than 30 years. For periods after September 2009, and before July 2013, the Plan provides participants 24% of their average monthly compensation plus 13.5% of their average monthly compensation in excess of covered compensation, reduced by 1/30 for each year of credited service less than 30 years, further reduced by 1/30 for each year of credited service (less than 30) before October 2009. The Plan permits early retirement at age 55 for participants with 10 years of service. However, benefits are reduced by 5% for each year that payment precedes their normal retirement date. The plan benefit is paid in the form of monthly income for life for single participants and in the form of Qualified Joint and Survivor Annuity for married participants. Participants may elect an alternative method (with spousal consent if married) including a lump sum or certain other annuity or period guaranteed forms. Except in the case of disability, if participants terminate before being credited with five years of service or attaining age 65, they forfeit the right to receive value of their accrued benefit.

Contributions

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2023, the Hospital did not make contributions to the Plan. The Plan has met the minimum funding requirements of ERISA.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2023 AND JUNE 30, 2022

If an active participant or former participant with a vested accrued benefit dies before his or her benefit commencement, a lifetime benefit (equal to the amount that would have been payable to the participant's spouse if the participant had retired on the first day of the month on or after his or her death and had elected immediate benefits under the basic form for married members) is paid to the surviving spouse. If the participant dies prior to attaining age 55, the death benefit shall be calculated as if the member had survived until the attainment of age 55, retired with an immediate benefit and died at age 55. This benefit continues to the participant's dependent children until the last dependent child reaches 18 or dies. If such participant is not survived by a spouse, but is survived by a dependent child, a death benefit is payable under special Plan rules and calculations until the last dependent child reaches 18 or dies.

An active participant who becomes totally and permanently disabled as defined by the plan document may elect to have disability benefits start at any time before normal retirement date, but only after any Hospital sponsored disability benefits stop. In this case, the participant receives disability benefits reduced to reflect the number of months payment starts before normal retirement date.

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations discussed below.
- Vested benefits not insured by the PBGC.
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2023 AND JUNE 30, 2022

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the modified cash basis of accounting. The modified cash basis differs from accounting principles generally accepted in the United States of America in that contributions and expenses are recorded when received or paid rather than when earned or incurred. Although the modified cash basis of accounting represents a departure from accounting principles generally accepted in the United States of America, it is an allowable method of accounting for employee benefit plans under the reporting requirements of ERISA.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

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

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

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Subsequent Events

The Plan evaluated events or transactions occurring subsequent to the statement of net assets available for benefits date for recognition and disclosure in the accompanying financial statements through the date the financial statements were available to be issued, which was January 11, 2024.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2023 AND JUNE 30, 2022

3. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fifth Third Bank (Fifth Third), the custodian of the Plan, has certified to the completeness and accuracy of all investments reflected in the accompanying statements of net assets available for benefits as of March 31, 2023 and June 30, 2022 and the related investment activity reflected in the statement of changes in net assets available for benefits for the nine months ended March 31, 2023 and year ended June 30, 2022.

4. ACCUMULATED PLAN BENEFITS

The Plan employs an enrolled consulting actuary to estimate the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participant to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The more significant assumptions underlying these actuarial calculations relating to the present value of accumulated plan benefits are as follows:

Assumed rate of return on investment	5.5% for 2023 and 6.8% for 2022
Mortality basis	Based on the Pri-2012 employee and retiree tables with contingent survivor adjustments for existing survivors and no collar adjustments applied, male and female, with separate rates for annuitants and non-annuitants, future improvement using the using MMS-2021 projection scale
Retirement age	60 - 5% Probability 61 - 5% 62 - 20% 63 - 20% 64 - 20% 65 - 100%

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2023 AND JUNE 30, 2022

The accumulated plan benefit information as of July 1, 2022 follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants receiving payments	\$ 5,713,338
Inactive participants with deferred benefits	12,450,639
Other participants	<u>15,914,773</u>
Total vested benefits	34,078,750
Nonvested benefits	<u>159,613</u>
	<u><u>\$ 34,238,363</u></u>

The following is a reconciliation of the actuarial present value of accumulated plan benefits for year ended June 30, 2022.

Actuarial present value of accumulated plan benefits as of July 1, 2021	\$ 32,783,629
Change during the year attributable to:	
Interest	2,070,030
Benefits paid	(4,323,713)
Change in actuarial assumptions	2,592,525
Benefits accumulated (including gains and losses)	1,115,892
Other changes	<u>-0-</u>
Net change	<u>1,454,734</u>
Actuarial present value of accumulated plan benefits as of July 1, 2022	<u><u>\$ 34,238,363</u></u>

5. PLAN MERGER

As a result of the acquisition of Methodist Health, Inc. by the System in July 2020, the Plan merged into the Deaconess Health System, Inc. Retirement Plan (Deaconess Plan) with an effective date of July 1, 2022. Total assets transferred into the Deaconess Plan during the nine-month period ending March 31, 2023 as a result of the merger were approximately \$29,573,000. Assets merged into the Deaconess Plan were measured at fair value. The merger resulted in 871 participants being added to the Deaconess Plan as of July 1, 2022.

6. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2023 AND JUNE 30, 2022

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

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

The Plan held no assets measured at fair value as of March 31, 2023.

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 June 30, 2022.

- *Mutual funds*: Valued at the daily closing price as reported by the fund. These funds are held by the Plan and are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The funds held by the Plan are deemed to be actively traded.
- *Common/Collective trust fund*: Valued at the NAV of shares held by the Plan at year-end provided by the plan custodian. The NAV is quoted on a private market that is not active. However, the unit price is based on underlying investments, which are traded on an active market.
- *Money market mutual fund*: Valued based at the subscription and redemption activity at a \$1 stable NAV. However, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities.

The following tables set forth by level, within the hierarchy, the Plan's assets measured at fair value on a recurring basis as of June 30, 2022:

	June 30, 2022			
	Total	Level 1	Level 2	Level 3
Assets				
Investments				
Mutual funds	\$ 847,763	\$ 847,763	\$ -0-	\$ -0-
Money market funds	965,629	-0-	965,629	-0-
Total assets in fair value hierarchy	1,813,392	\$ 847,763	\$ 965,629	\$ -0-
Common/collective trusts (a)	31,767,667			
	\$ 33,581,059			

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share or its equivalent have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented at fair value in the statements of net assets available for benefits.

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2023 AND JUNE 30, 2022

Investments Measured Using the Net Asset Value per Share Practical Expedient

The following tables summarizes investments for which fair value is measured using the net asset value per share practical expedient as of June 30, 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

June 30, 2022	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common/collective trusts				
Mercer Active Long Corporate Fixed Income Portfolio Fund 600	\$ 2,972,498	None	Monthly	Daily
Mercer Global Low Volatility Equity PO	2,667,485	None	Monthly	Daily
Mercer Non-US Core Equity CT	1,700,371	None	Monthly	Daily
Mercer US Core Fixed Inc CT	2,969,883	None	Monthly	Daily
Mercer US Small/MID Cap Equity CT	2,371,988	None	Monthly	Daily
Opportunistic Fixed Income CT	2,335,890	None	Monthly	Daily
S&P 500 R Index NL SM CL A	6,429,553	None	Monthly	Daily
SSGA Daily Emerging Markets Index	1,182,953	None	Monthly	Daily
SSGA US Long Treasury Index Non Lending Series Fund Class A	3,097,447	None	Monthly	Daily
State Street International Index Non-Lending Series	1,704,665	None	Monthly	Daily
US Long Treasury Index NL SF CL A	2,968,019	None	Monthly	Daily
WTC CIF Enduring Assets	1,366,915	None	Monthly	Daily
Total common/collective trusts	<u>\$ 31,767,667</u>			

7. INCOME TAX STATUS

The Plan obtained its latest determination letter on June 25, 2015, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2023 and June 30, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

The Plan has filed its tax returns for periods through June 30, 2022. These income tax returns are generally open to examination by the relevant taxing authorities for a period of three years from the later of the date the return was filed or its due date (including approved extensions).

METHODIST HOSPITAL RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS MARCH 31, 2023 AND JUNE 30, 2022

8. PARTY-IN-INTEREST TRANSACTIONS

Prior to the transfer of assets due to the merger, the Plan held investments in a money market account managed by Fifth Third who served as the custodian and received fees for trust and administrative services. Blue & Co., LLC is the auditor of the Plan and receives fees for audit services, which are paid by the Hospital. Mercer provides actuarial services to the Plan and receives fees for these services. Transactions with these organizations qualify as party-in-interest transactions.

9. ADMINISTRATIVE EXPENSES

Administrative expenses consist of investment advisory fees of approximately \$64,000 and \$124,000, respectively, for the nine months ended March 31, 2023 and year ended June 30, 2022. The Hospital provides certain administrative services at no cost to the Plan and pays for certain administrative expenses related to the Plan.

10. RISKS AND UNCERTAINTIES

Prior to the transfer of assets due to the merger, the Plan invested in various securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risks associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, employee compensation and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the Plan's financial statements.

Schedule SB, line 26 — Schedule of Active Participant Data

Distribution of active participants as of July 1, 2022

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34		2	3								5
35–39		8	25	1							34
40–44		10	9	17	1						37
45–49		8	11	21	8	1					49
50–54		20	10	14	14	11					69
55–59		11	13	6	6	7	7	2			52
60–64		10	7	12	6	7	4	2	1		49
65–69		1	3	4				1	1		10
70 & up				1							1
Total		70	81	76	35	26	11	5	2		306

In each cell, the top number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions for July 1, 2022 funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.75%	0.87%
• Next 15 years	5.18%	2.64%
• Over 20 years	5.92%	3.28%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvement beyond 2006 removed, and projected with mortality improvement based on the IRS methodology and projection scale MP-2020.	
Other economic assumptions		
• Salary increases	Not applicable	
• Inflation	Not applicable	
• Expected investment return	7.00% per year for 2020, 5.50% per year for 2021	
• Expenses	Prior year administrative and investment expenses adjusted for any known significant changes from prior year. \$124,179 added to current year normal cost.	
• 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.	
- Annuity substitution	Yes	
- Generational mortality option	No	
Demographic assumptions		
• Withdrawal	Select rates are 50%, 25% and 12.5% in first, second, and third years of employment, respectively. Ultimate rates are as follows:	
	Age	Rate
	25	7.72%
	30	7.22%
	35	6.28%
	40	5.15%
	45	3.98%
	50	2.56%
	55	0.94%
	60	0.09%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Retirement age	Retirements are assumed as follows:	
	Age	Rate
	60-61	5%
	62-64	20%
	65+	100%
• Benefit commencement age for		
– Future vested deferred	65	
– Current vested deferred	65	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
– Percentage married	70%	70%
– Spouse age difference	3 years younger	3 years older
• Form of payment	<u>Life Annuity</u>	<u>Lump Sum</u>
– Active retirements	10%	90%
– Future vested deferred	10%	90%
– Future deaths	100%	0%
– Current vested deferred	100%	0%
Unpredictable contingent event assumptions	Not applicable.	

Rationale for economic assumptions - Funding

- The expected rate of return on assets for funding purposes is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix plus incremental return due to active management, as provided by Mercer Investment Consulting.
- Expenses are based on year-by-year experience for actual administrative and investment expenses paid from plan assets. Adjustments are made for any known significant changes.

Rationale for demographic assumptions - Funding

- The withdrawal rates, retirement rates and form of payment assumptions were determined by the prior actuary. We evaluated these assumptions based on a review of liability gains and losses and believe these assumptions to be reasonable.

Actuarial methods for funding**Asset methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on eligible employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts:** The plan does not have any insurance contracts

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: July 1, 1970 Plan year: July 1 – June 30
Most recent amendment	Effective September 1, 2014
Status of the plan	The plan is closed to new entrants and benefits are frozen.
Significant events that occurred during the year	The Methodist Hospital Retirement Plan merged into the Deaconess Health System, Inc. Retirement Plan as of July 1, 2022
Definitions	
<ul style="list-style-type: none"> Covered employees and participation 	An employee is eligible to participate on the January 1 or July 1 following age 21 and completion of one year of service. No person shall enter the plan after June 30, 2013.
<ul style="list-style-type: none"> Vesting service 	The number of plan years in which an employee completes at least one thousand (1,000) Hours of Service. Partial years in months may be credited during the year of termination.
<ul style="list-style-type: none"> Credited service 	The number of plan years in which an employee completes at least two thousand (2,000) Hours of Service. Partial credit is given for years in which less than 2,000 hours are worked equal to actual hours divided by 2,000 rounded to the next tenth. No credited service will accrue after June 30, 2013.
<ul style="list-style-type: none"> Earnings 	W-2 during calendar year. If less than 2,000 hours are worked during the calendar year, W-2 earnings are multiplied by a fraction equal to 2,000 divided by hours worked.
<ul style="list-style-type: none"> Average monthly earnings 	Average of earnings in the five consecutive years which yield the highest average, divided by 12.
<ul style="list-style-type: none"> Covered Compensation 	Average of the Social Security taxable wage bases during the 35-year period ending with the year in which a member reaches Social Security retirement age.
<ul style="list-style-type: none"> Accrued benefit 	The amount of normal retirement income calculated on the basis of credited service, average earnings and covered compensation as the date of calculation. No benefits will accrue after June 30, 2013.
Normal retirement	
<ul style="list-style-type: none"> Eligibility 	The first day of the month coincident with or following attainment of age 65.
<ul style="list-style-type: none"> Benefit 	<p>For credited service prior to October 1, 2009, a monthly benefit equal to:</p> <ul style="list-style-type: none"> - 1.10% of average monthly earnings plus 0.60% of average earnings in excess of covered compensation, such sum multiplied by credited service up to 30 years <p>For credited service on or after October 1, 2009, a monthly benefit equal to:</p> <ul style="list-style-type: none"> - 0.80% of average monthly earnings plus 0.45% of average earnings in excess of covered compensation, such sum multiplied by credited service after September 30, 2009 limited to 30 years less credited service as of October 1, 2009
Early retirement	
<ul style="list-style-type: none"> Eligibility 	A member may retire early after reaching age 55 and completion of 10 years of service.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	An immediate monthly benefit equal to the member's accrued benefit reduced 5% for each year actual retirement age precedes normal retirement age.
Late retirement	
• Eligibility	Employment past normal retirement.
• Benefit	An immediate monthly income equal to the member's accrued benefit at date of retirement based on credited service and average earnings at the late retirement date, but not less than the actuarial equivalent of the normal retirement benefit.
Deferred vested	
• Eligibility	If a member terminates his employment after completing at least 5 years of vesting service, he is entitled to a deferred benefit, payable at normal retirement.
• Benefit	The deferred benefit is equal to the accrued benefit calculated at date of termination. An immediate benefit equal to the member's accrued benefit reduced 1/180 th for the first 60 months and by 1/360 th for the next 60 months by which actual retirement age precedes normal retirement age.
Disability	
• Eligibility	Total and permanent disability and eligibility for Social Security disability benefits.
• Benefit	The participant will earn credited service while disabled until the normal retirement date. The benefit payable upon retirement will be based on this service and average earnings and covered compensation as of the July 1 coincident with or immediately preceding the date on which the participant became disabled.
Pre-retirement death	
• Eligibility	A married member who is vested is entitled to a death benefit.
• Benefit	The benefit will be calculated as if the employee had terminated on date of death, and retired on the first day eligible to early retire electing the joint and 50% survivor form. Death benefits are also available to dependent children up to age 18.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	Life annuity; Life annuity with 5, 10, 15 or 20 years certain; Certain only annuity with 5, 10, 15 or 20 years certain; Joint and 50%, 66-2/3%, 75% or 100% survivor annuity; Lump sum upon retirement
• Actuarial Equivalence	For optional forms of payment, an interest rate of 8% and GATT 2003 mortality. For lump sums and certain only forms of payment, segmented interest rates in effect for May prior to the beginning of the plan year in which the lump sum is payable and the applicable mortality table under Code Section 417(e) for the year in which the lump sum is payable.

Schedule SB, Part V — Summary of Plan Provisions**Miscellaneous**

- **Maximum benefits** Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2022, the limit is \$245,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through September 1, 2014, are included in this valuation:

- **Most recent plan amendments included:** Amendment effective September 1, 2014 is included because it was adopted by the valuation date and is effective by the end of the plan year.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit limits were updated from 2021 to 2022.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions for July 1, 2022 funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	Stabilized	Nonstabilized
• First 5 years	4.75%	0.87%
• Next 15 years	5.18%	2.64%
• Over 20 years	5.92%	3.28%
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables with improvement beyond 2006 removed, and projected with mortality improvement based on the IRS methodology and projection scale MP-2020.	
Other economic assumptions		
• Salary increases	Not applicable	
• Inflation	Not applicable	
• Expected investment return	7.00% per year for 2020, 5.50% per year for 2021	
• Expenses	Prior year administrative and investment expenses adjusted for any known significant changes from prior year. \$124,179 added to current year normal cost.	
• 417(e) lump sums	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.	
- Annuity substitution	Yes	
- Generational mortality option	No	
Demographic assumptions		
• Withdrawal	Select rates are 50%, 25% and 12.5% in first, second, and third years of employment, respectively. Ultimate rates are as follows:	
	Age	Rate
	25	7.72%
	30	7.22%
	35	6.28%
	40	5.15%
	45	3.98%
	50	2.56%
	55	0.94%
	60	0.09%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Retirement age	Retirements are assumed as follows:	
	Age	Rate
	60-61	5%
	62-64	20%
	65+	100%
• Benefit commencement age for		
– Future vested deferred	65	
– Current vested deferred	65	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
– Percentage married	70%	70%
– Spouse age difference	3 years younger	3 years older
• Form of payment	<u>Life Annuity</u>	<u>Lump Sum</u>
– Active retirements	10%	90%
– Future vested deferred	10%	90%
– Future deaths	100%	0%
– Current vested deferred	100%	0%
Unpredictable contingent event assumptions	Not applicable.	

Rationale for economic assumptions - Funding

- The expected rate of return on assets for funding purposes is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook for the plan's target asset mix plus incremental return due to active management, as provided by Mercer Investment Consulting.
- Expenses are based on year-by-year experience for actual administrative and investment expenses paid from plan assets. Adjustments are made for any known significant changes.

Rationale for demographic assumptions - Funding

- The withdrawal rates, retirement rates and form of payment assumptions were determined by the prior actuary. We evaluated these assumptions based on a review of liability gains and losses and believe these assumptions to be reasonable.

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The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

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A detailed description of the calculation follows:

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- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 03/31/2023

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan METHODIST HOSPITAL RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEACONESS HEALTH SYSTEM, INC.		D Employer Identification Number (EIN) 35-1532889	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information				
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2022</u>				
2 Assets:				
a Market value		2a	33,581,660	
b Actuarial value		2b	33,812,740	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment		76	5,835,735	5,835,735
b For terminated vested participants		489	11,979,588	11,979,588
c For active participants		306	14,678,808	14,846,868
d Total		871	32,494,131	32,662,191
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
a Funding target disregarding prescribed at-risk assumptions		4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b		
5 Effective interest rate		5	5.57%	
6 Target normal cost				
a Present value of current plan year accruals		6a	0	
b Expected plan-related expenses		6b	124,179	
c Total (line 6a + line 6b)		6c	124,179	

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>Staci James skj</u> Signature of actuary	<u>1/12/2024</u> Date
Staci James FSA	Type or print name of actuary	2306060 Most recent enrollment number
Mercer	Firm name	502-561-4500 Telephone number (including area code)
Suite 500 400 West Market Street LOUISVILLE KY 40202-3319	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2022
v. 220413

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-1.72</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.76</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III	Funding Percentages	
14 Funding target attainment percentage	14	103.52 %
15 Adjusted funding target attainment percentage	15	103.52 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.59 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 124,179
b Excess assets, if applicable, but not greater than line 31a				31b 124,179
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: July 1, 1970 Plan year: July 1 – June 30
Most recent amendment	Effective September 1, 2014
Status of the plan	The plan is closed to new entrants and benefits are frozen.
Significant events that occurred during the year	The Methodist Hospital Retirement Plan merged into the Deaconess Health System, Inc. Retirement Plan as of July 1, 2022
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<ul style="list-style-type: none"> Credited service 	The number of plan years in which an employee completes at least two thousand (2,000) Hours of Service. Partial credit is given for years in which less than 2,000 hours are worked equal to actual hours divided by 2,000 rounded to the next tenth. No credited service will accrue after June 30, 2013.
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<ul style="list-style-type: none"> Average monthly earnings 	Average of earnings in the five consecutive years which yield the highest average, divided by 12.
<ul style="list-style-type: none"> Covered Compensation 	Average of the Social Security taxable wage bases during the 35-year period ending with the year in which a member reaches Social Security retirement age.
<ul style="list-style-type: none"> Accrued benefit 	The amount of normal retirement income calculated on the basis of credited service, average earnings and covered compensation as the date of calculation. No benefits will accrue after June 30, 2013.
Normal retirement	
<ul style="list-style-type: none"> Eligibility 	The first day of the month coincident with or following attainment of age 65.
<ul style="list-style-type: none"> Benefit 	<p>For credited service prior to October 1, 2009, a monthly benefit equal to:</p> <ul style="list-style-type: none"> - 1.10% of average monthly earnings plus 0.60% of average earnings in excess of covered compensation, such sum multiplied by credited service up to 30 years <p>For credited service on or after October 1, 2009, a monthly benefit equal to:</p> <ul style="list-style-type: none"> - 0.80% of average monthly earnings plus 0.45% of average earnings in excess of covered compensation, such sum multiplied by credited service after September 30, 2009 limited to 30 years less credited service as of October 1, 2009
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<ul style="list-style-type: none"> Eligibility 	A member may retire early after reaching age 55 and completion of 10 years of service.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	An immediate monthly benefit equal to the member's accrued benefit reduced 5% for each year actual retirement age precedes normal retirement age.
Late retirement	
• Eligibility	Employment past normal retirement.
• Benefit	An immediate monthly income equal to the member's accrued benefit at date of retirement based on credited service and average earnings at the late retirement date, but not less than the actuarial equivalent of the normal retirement benefit.
Deferred vested	
• Eligibility	If a member terminates his employment after completing at least 5 years of vesting service, he is entitled to a deferred benefit, payable at normal retirement.
• Benefit	The deferred benefit is equal to the accrued benefit calculated at date of termination. An immediate benefit equal to the member's accrued benefit reduced 1/180 th for the first 60 months and by 1/360 th for the next 60 months by which actual retirement age precedes normal retirement age.
Disability	
• Eligibility	Total and permanent disability and eligibility for Social Security disability benefits.
• Benefit	The participant will earn credited service while disabled until the normal retirement date. The benefit payable upon retirement will be based on this service and average earnings and covered compensation as of the July 1 coincident with or immediately preceding the date on which the participant became disabled.
Pre-retirement death	
• Eligibility	A married member who is vested is entitled to a death benefit.
• Benefit	The benefit will be calculated as if the employee had terminated on date of death, and retired on the first day eligible to early retire electing the joint and 50% survivor form. Death benefits are also available to dependent children up to age 18.
Form of benefits	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	Joint and 50% survivor annuity
• Optional forms	Life annuity; Life annuity with 5, 10, 15 or 20 years certain; Certain only annuity with 5, 10, 15 or 20 years certain; Joint and 50%, 66-2/3%, 75% or 100% survivor annuity; Lump sum upon retirement
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- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit limits were updated from 2021 to 2022.



FIFTH THIRD BANK AS TRUSTEE
FOR THE METHODIST HOSPITAL
RETIREMENT PLAN

ACCOUNT # 69-69-002-9626300

ACCOUNT CONTACTS - BRIAN BLALOCK	(812) 456-2979
- BETTY RAPP	(502) 562-5205
- MARIA SONDERMAN	(513) 358-4396

STATEMENT HIGHLIGHTS

SUMMARY OF BALANCES

PERIOD 07/01/22 - 06/30/23

	CURRENT MARKET VALUE	% OF MARKET	ESTIMATED ANNUAL INCOME	MARKET YIELD
CASH				
MONEY MARKET INVESTMENTS	\$0.00	0.00%	\$0.00	0.00%
SHORT TERM INVESTMENTS	0.00	0.00	0.00	0.00
CASH	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
BONDS				
BONDS	0.00	0.00	0.00	0.00
BOND FUNDS	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
EQUITIES				
COMMON STOCK	0.00	0.00	0.00	0.00
PREFERRED STOCK	0.00	0.00	0.00	0.00
EQUITY FUNDS	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
OTHER				
ASSETS/LIABILITIES	0.00	0.00	0.00	0.00
ACCRUED INCOME	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
TOTAL VALUE	\$0.00	0.00%	\$0.00	0.00%

COMMUNITY UNITED METHODIST HOSP
CHERYL WATHEN
1305 N ELM ST
HENDERSON, KY

42420-2783

THE FIFTH THIRD BANK HEREBY CERTIFIES THAT THE
FOLLOWING STATEMENT FURNISHED PURSUANT TO
29 CFR 2520.103-5(C) IS COMPLETE AND ACCURATE.



AUTHORIZED SIGNATURE

ASSET & LIABILITY STATEMENT**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

	(A) BEGINNING OF YEAR	(B) END OF YEAR
ASSETS		

A NON-INTEREST BEARING CASH	\$2.79	0.00
B RECEIVABLES (LESS DOUBTFUL ACCOUNTS):		
(1) EMPLOYER CONTRIBUTIONS	0.00	0.00
(2) PARTICIPANT CONTRIBUTIONS	0.00	0.00
(3) OTHER	600.51	0.00
C GENERAL INVESTMENTS:		
(1) INTEREST BEARING CASH	965,626.00	0.00
(2) U.S. GOVERNMENT SECURITIES	0.00	0.00
(3) CORPORATE DEBT INSTRUMENTS:		
(A) PREFERRED	0.00	0.00
(B) OTHER	0.00	0.00
(4) CORPORATE STOCKS:		
(A) PREFERRED	0.00	0.00
(B) COMMON	0.00	0.00
(5) PARTNERSHIPS/JOINT VENTURE INTEREST	0.00	0.00
(6) REAL ESTATE	0.00	0.00
(7) LOANS (OTHER THAN PARTICIPANTS)	0.00	0.00
(8) PARTICIPANT LOANS	0.00	0.00
(9) VALUE OF COMMON/COLLECTIVE TRUSTS	0.00	0.00
(10) VALUE OF POOLED SEPARATE ACCOUNTS	0.00	0.00
(11) VALUE OF MASTER TRUST INVESTMENT ACCOUNTS	0.00	0.00

ASSET & LIABILITY STATEMENT**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

	(A) BEGINNING OF YEAR	(B) END OF YEAR
ASSETS (CONT'D)		

(12) VALUE OF 103-12 INVESTMENT ENTITIES	0.00	0.00
(13) VALUE OF REGISTERED INVESTMENT COMPANIES	\$4,280,400.05	0.00
(14) VALUE OF INSURANCE COMPANY GENERAL ACCOUNTS	0.00	0.00
(15) OTHER	28,335,030.52	0.00
D EMPLOYER RELATED INVESTMENTS:		
(1) EMPLOYER SECURITIES	0.00	0.00
(2) EMPLOYER REAL PROPERTY	0.00	0.00
E BUILDINGS & PROPERTY USED IN PLAN OPERATION	0.00	0.00
F TOTAL ASSETS (SUM OF A THRU E) >	<u>\$33,581,659.87</u>	0.00
LIABILITIES		

G BENEFIT CLAIMS PAYABLE	0.00	0.00
H OPERATING PAYABLES	0.00	0.00
I ACQUISITION INDEBTEDNESS	0.00	0.00
J OTHER LIABILITIES	0.00	0.00
K TOTAL LIABILITIES (SUM OF G THRU J) >	<u>0.00</u>	0.00
NET ASSETS		

L NET ASSETS (SUBTRACT K FROM F) >	<u>\$33,581,659.87</u>	0.00

INCOME & EXPENSE STATEMENT

69-69-002-9626300

07/01/22 THROUGH 06/30/23

INCOME	DETAIL	(A) AMOUNT	(B) TOTAL

A CONTRIBUTIONS:			
(1) RECEIVED IN CASH FROM:			
	(A) EMPLOYERS	0.00	
	(B) PARTICIPANTS	0.00	
	(C) OTHER (INCLUDING ROLLOVERS)	0.00	
	(2) NONCASH CONTRIBUTIONS	0.00	
	(3) TOTAL CONTRIBUTIONS >		<u>0.00</u>
B EARNINGS ON INVESTMENTS:			
(1) INTEREST:			
	(A) INTEREST BEARING CASH	\$3,524.24	
	(B) U.S. GOVERNMENT SECURITIES	0.00	
	(C) CORPORATE DEBT INSTRUMENTS	0.00	
	(D) LOANS (OTHER THAN PARTICIPANTS)	0.00	
	(E) PARTICIPANT LOANS	0.00	
	(F) OTHER INTEREST	0.00	
	(G) TOTAL INTEREST >		<u>\$3,524.24</u>
(2) DIVIDENDS:			
	(A) PREFERRED STOCK	0.00	
	(B) COMMON STOCK	0.00	
	(C) TOTAL DIVIDENDS >		<u>0.00</u>
(3) RENTS >			
			0.00

INCOME & EXPENSE STATEMENT **69-69-002-9626300** **07/01/22 THROUGH 06/30/23**

INCOME (CONT'D)	DETAIL	(A) AMOUNT	(B) TOTAL

(4) NET GAIN(LOSS) ON SALE OF ASSETS:			
(A) AGGREGATE PROCEEDS		\$2,514,087.99	
(B) AGGREGATE CARRYING AMOUNT		2,638,806.72-	
(C) NET GAIN(LOSS) ON SALE OF ASSETS >			<u>\$124,718.73-</u>
(5) UNREALIZED APPRECIATION(DEPRECIATION) OF ASSETS:			
(A) REAL ESTATE		0.00	
(B) OTHER		0.00	
(C) TOTAL UNREALIZED APPRECIATION OF ASSETS >			<u>0.00</u>
COMMON/COLLECTIVE TRUSTS:			
REALIZED GAIN(LOSS) ON SALES		0.00	
UNREALIZED GAIN(LOSS).		0.00	
INCOME COLLECTED	0.00		
END OF YEAR ACCRUAL	0.00		
LESS BEGINNING OF YEAR ACCRUAL	0.00		
INCOME EARNED AND RETAINED		0.00	
(6) NET GAIN(LOSS) FROM COMMON/COLLECTIVE TRUSTS >			<u>0.00</u>

INCOME & EXPENSE STATEMENT**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

	DETAIL	(A) AMOUNT	(B) TOTAL
INCOME (CONT'D)			

POOLED SEPARATE ACCOUNTS:			
REALIZED GAIN(LOSS) ON SALES		0.00	
UNREALIZED GAIN(LOSS).		0.00	
INCOME COLLECTED	0.00		
END OF YEAR ACCRUAL	0.00		
LESS BEGINNING OF YEAR ACCRUAL	0.00		
INCOME EARNED AND RETAINED		0.00	
(7) NET GAIN(LOSS) FROM POOLED SEPARATE ACCOUNTS . >			<u>0.00</u>
MASTER TRUST INVESTMENT ACCOUNTS:			
REALIZED GAIN(LOSS) ON SALES		0.00	
UNREALIZED GAIN(LOSS).		0.00	
INCOME COLLECTED	0.00		
END OF YEAR ACCRUAL	0.00		
LESS BEGINNING OF YEAR ACCRUAL	0.00		
INCOME EARNED AND RETAINED		0.00	
(8) NET GAIN(LOSS) FROM MASTER TRUST INV ACCTS . . >			<u>0.00</u>

INCOME & EXPENSE STATEMENT

69-69-002-9626300

07/01/22 THROUGH 06/30/23

EXPENSES	DETAIL	(A) AMOUNT	(B) TOTAL

E BENEFIT PAYMENTS AND PAYMENTS TO PROVIDE BENEFITS:			
BENEFIT PAYMENTS IN CASH	\$590,519.94-		
IN-KIND BENEFIT PAYMENTS	0.00		
(1) DIRECTLY TO PARTICIPANTS		\$590,519.94-	
(2) TO INSURANCE CARRIERS TO PROVIDE BENEFITS		0.00	
OTHER PAYMENTS IN CASH	0.00		
OTHER IN-KIND PAYMENTS	0.00		
(3) OTHER BENEFIT PAYMENTS		0.00	
(4) TOTAL BENEFIT PAYMENTS >			<u>\$590,519.94-</u>
F CORRECTIVE DISTRIBUTIONS >			<u>0.00</u>
G DEEMED DISTRIBUTIONS OF PARTICIPANT LOANS >			<u>0.00</u>
H INTEREST EXPENSE >			<u>0.00</u>
I ADMINISTRATIVE EXPENSES:			
(1) PROFESSIONAL FEES		0.00	
(2) CONTRACT ADMINISTRATOR FEES		0.00	
(3) INVESTMENT ADVISORY & MANAGEMENT FEES		2,754.41-	
(4) OTHER FEES		30,161.73-	
(5) TOTAL ADMINISTRATIVE EXPENSES >			<u>\$32,916.14-</u>
J TOTAL EXPENSES >			<u>\$623,436.08-</u>

STATEMENT OF TRANSACTIONS**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
INTEREST - INTEREST BEARING CASH					
07/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9797622		\$.06		
07/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9881657		.01		
07/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		3.99		
07/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		596.45		
08/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9797622		.09		
08/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9881657		.03		
08/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		7.14		
08/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		1,111.91		
09/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9797622		.12		
09/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9881657		.03		
09/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		12.26		
09/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		1,578.94		

STATEMENT OF TRANSACTIONS**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
10/03/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9797622		\$.06		
10/03/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9881657		.01		
10/03/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		6.33		
10/03/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		807.07		
11/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		.01		
12/01/22	FIFTH THIRD BANKSAFE TRUST INTEREST ACCOUNT 69-69-002-9625997		.24		
TOTAL INTEREST - INTEREST BEARING CASH			<u>\$4,124.75</u>		
<u>PROCEEDS OF SALES</u>					
07/11/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO 06/22 SALE OF 16,998.973 SHS @ 8.87 ACCOUNT 69-69-002-9625997	\$162,868.49-	150,780.89	\$170,839.68-	\$20,058.79-
08/01/22	MERCER US SMALL/MID CAP EQUITY CT (FD 310) 07/26 SALE OF 843.451 SHS @ 37.24 ACCOUNT 69-69-002-9625997	33,193.91-	31,410.12	29,900.34-	1,509.78
08/01/22	S&P 500 (R) INDX NL SF CL A (CMM3) 07/26 SALE OF 983.104 SHS @ 82.983 ACCOUNT 69-69-002-9625997	86,441.08-	81,580.88	78,697.48-	2,883.40
08/23/22	S&P 500 (R) INDX NL SF CL A (CMM3) 08/19 SALE OF 1,852.607 SHS @ 89.620 ACCOUNT 69-69-002-9625997	162,893.60-	166,030.63	148,301.19-	17,729.44

STATEMENT OF TRANSACTIONS**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
09/09/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO NON BROKER TRADE/TRANSFER 09/06 SALE OF 120,599.496 SHS @ 8.99 ACCOUNT 69-69-002-9625997	\$1,155,164.51-	\$1,084,189.47	\$1,210,972.03-	\$126,782.56-
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL ACCOUNT 69-69-002-9625997	6,883.00-	6,883.00	6,883.00-	
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL ACCOUNT 69-69-002-9625997	993,044.00-	993,044.00	993,044.00-	
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL ACCOUNT 69-69-002-9626086	5.00-	5.00	5.00-	
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL ACCOUNT 69-69-002-9797622	76.00-	76.00	76.00-	
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL ACCOUNT 69-69-002-9881657	16.00-	16.00	16.00-	
10/31/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL ACCOUNT 69-69-002-9625997	72.00-	72.00	72.00-	
	TOTAL PROCEEDS OF SALES	<u>\$2,600,657.59-</u>	<u>\$2,514,087.99</u>	<u>\$2,638,806.72-</u>	<u>\$124,718.73-</u>

OTHER INCOME

08/05/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO REGULAR DIVIDEND 04/29/22 OF .03259 ON 136,011.351 SHARES ACCOUNT 69-69-002-9625997		4,433.29		
08/05/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO REGULAR DIVIDEND 05/31/22 OF .02023 ON 136,477.683 SHARES ACCOUNT 69-69-002-9625997		2,761.08		

STATEMENT OF TRANSACTIONS**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
08/05/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO REGULAR DIVIDEND 06/30/22 OF .02594 ON 119,759.08 SHARES ACCOUNT 69-69-002-9625997		\$3,106.79		
08/05/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO REGULAR DIVIDEND 07/29/22 OF .02421 ON 120,103.25 SHARES ACCOUNT 69-69-002-9625997		2,908.06		
09/08/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO REGULAR DIVIDEND 08/31/22 OF .01401 ON 120,413.663 SHARES ACCOUNT 69-69-002-9625997		1,687.36		
TOTAL OTHER INCOME			<u>\$14,896.58</u>		
<u>PARTICIPANT BENEFIT PAYMENTS - CASH</u>					
07/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		4,142.90-		
07/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		44,816.48-		
07/12/22	CCB CHK 3004330 DTD 7/1/22 FOR WILLIAM W. O'NAN, ACH REJ/ACCT CLOSED ACCOUNT 69-69-002-9625997		2,451.54		
07/13/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		2,451.54-		
07/26/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		26,519.83-		
08/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		6,565.12-		
08/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		42,394.26-		
08/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		17,543.59-		

STATEMENT OF TRANSACTIONS

69-69-002-9626300

07/01/22 THROUGH 06/30/23

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
08/03/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		\$35,856.52-		
08/15/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		38,270.93-		
09/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		6,565.12-		
09/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		41,601.96-		
09/02/22	CCB EFT 3059095 DTD 9/1/2022 FOR VICKI A WILCHECK, DECEASED ACCOUNT 69-69-002-9625997		318.22		
09/02/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		274.65-		
09/13/22	CCB EFT 3059094 DTD 9/1/2022 FOR MARTHA A GIBSON, DECEASED ACCOUNT 69-69-002-9625997		72.67		
09/23/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		129,667.40-		
09/27/22	CB CK 2456789 DTD 9/1/2022 FOR WILLIAM W. O'NAN, NEVER RECEIVED ACCOUNT 69-69-002-9625997		2,451.54		
09/28/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		2,451.54-		
10/03/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		6,550.59-		
10/03/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		41,087.06-		
11/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		6,550.59-		
11/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		41,087.06-		
11/01/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		101,416.77-		

STATEMENT OF TRANSACTIONS**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
11/09/22	CB CHK 2844853 DTD 11/1/2022 FOR WILLIAM W ONAN, NEVER RECEIVED ACCOUNT 69-69-002-9625997		\$2,451.54		
11/10/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		29.32-		
11/10/22	TRANSFER TO FUND BENEFIT PAYMENT ACCOUNT 69-69-002-9625997		2,422.22-		
TOTAL PARTICIPANT BENEFIT PAYMENTS - CASH			<u>\$590,519.94-</u>		
<u>INVESTMENT & MANAGEMENT FEES</u>					
09/12/22	1B OUTGOING WIRE TRANSFER WIRE TRANSFER TO JPMORGAN CHASE BANK FBO: MERCER INVESTMENTS LLC INVOICE NO: 2022033110571 ACCOUNT 69-69-002-9625997		2,754.41-		
TOTAL INVESTMENT & MANAGEMENT FEES			<u>\$2,754.41-</u>		
<u>OTHER FEES</u>					
07/20/22	FIFTH THIRD BANK COMPENSATION AS OF 06/30/22 ACCOUNT 69-69-002-9625997		30,161.58-		
07/20/22	FIFTH THIRD BANK COMPENSATION AS OF 06/30/22 ACCOUNT 69-69-002-9626086		.01-		
07/20/22	FIFTH THIRD BANK COMPENSATION AS OF 06/30/22 ACCOUNT 69-69-002-9797622		.07-		
07/20/22	FIFTH THIRD BANK COMPENSATION AS OF 06/30/22 ACCOUNT 69-69-002-9881657		.01-		
10/20/22	FIFTH THIRD BANK COMPENSATION AS OF 09/30/22 ACCOUNT 69-69-002-9625997		.06-		

STATEMENT OF TRANSACTIONS**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
	TOTAL OTHER FEES		\$30,161.73-		
<u>CASH TRANSFERS TO PLAN</u>					
07/11/22	1A INCOMING WIRE TRANSFER REVERSAL OF WIRE RECEIPT POSTED 06/28/22 ACCOUNT 69-69-002-9625997		\$150,780.89-		
07/28/22	1A INCOMING WIRE TRANSFER WIRE RECEIVED 7/27/22 MERCER INVESTMENT MANAGEMENT T FBO ACCOUNT 69-69-002-9625997		112,991.00		
09/22/22	PRINCIPAL CASH TRANSFERRED FROM ACCOUNT 69-69-002-7928120 DEACONESS RET - MAIN PER REQUEST DTD 9.21.2022 ACCOUNT 69-69-002-9625997		129,667.40		
10/21/22	1A INCOMING WIRE TRANSFER WIRE RECEIVED FROM MERCER INVESTMENT MANAGEMENT ACCOUNT 69-69-002-9625997		747.46		
11/08/22	PRINCIPAL CASH TRANSFERRED FROM ACCOUNT 69-69-002-7928120 DEACONESS RET - MAIN ACCOUNT 69-69-002-9625997		195,058.59		
	TOTAL CASH TRANSFERS TO PLAN		\$287,683.56		
<u>CASH TRANSFERS FROM PLAN</u>					
08/01/22	REVERSAL OF WIRE RECEIPT POSTED 7/28/22 ACCOUNT 69-69-002-9625997		112,991.00-		
09/07/22	1B OUTGOING WIRE TRANSFER WIRE TRANSFER TO JPMORGAN CHASE BANK FBO: MERCER INVESTMENTS LLC INVOICE NO: 2021123110541 ACCOUNT 69-69-002-9625997		1,363.65-		

STATEMENT OF TRANSACTIONS

69-69-002-9626300

07/01/22 THROUGH 06/30/23

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
09/08/22	1B OUTGOING WIRE TRANSFER WIRE TRANSFER TO JPMORGAN CHASE BANK FBO MERCER (US) INC. INVOICE NO 134010027511 ACCOUNT 69-69-002-9625997		\$13,760.00-		
09/08/22	1B OUTGOING WIRE TRANSFER WIRE TRANSFER TO JPMORGAN CHASE BANK FBO MERCER (US) INC. INVOICE NO 134010026928 ACCOUNT 69-69-002-9625997		906.00-		
09/08/22	1B OUTGOING WIRE TRANSFER WIRE TRANSFER TO JPMORGAN CHASE BANK FBO MERCER (US) INC. INVOICE NO 134010027336 ACCOUNT 69-69-002-9625997		1,733.00-		
09/08/22	1B OUTGOING WIRE TRANSFER WIRE TRANSFER TO JPMORGAN CHASE BANK FBO MERCER (US) INC. INVOICE NO 134010027476 ACCOUNT 69-69-002-9625997		1,859.00-		
09/08/22	1B OUTGOING WIRE TRANSFER WIRE TRANSFER TO JPMORGAN CHASE BANK FBO MERCER (US) INC. INVOICE NO 134010027271 ACCOUNT 69-69-002-9625997		5,032.00-		
09/08/22	1B OUTGOING WIRE TRANSFER WIRE TRANSFER TO JPMORGAN CHASE BANK FBO MERCER (US) INC. INVOICE NO 134010026649 ACCOUNT 69-69-002-9625997		6,662.00-		
09/12/22	TRANSFER PRINCIPAL CASH TO ACCOUNT 69-69-002-7928120 DEACONESS RET - MAIN ACCOUNT 69-69-002-9626086		5.08-		
09/12/22	TRANSFER PRINCIPAL CASH TO ACCOUNT 69-69-002-7928120 DEACONESS RET - MAIN ACCOUNT 69-69-002-9797622		77.03-		
09/12/22	TRANSFER PRINCIPAL CASH TO ACCOUNT 69-69-002-7928120 DEACONESS RET - MAIN ACCOUNT 69-69-002-9881657		16.84-		

STATEMENT OF TRANSACTIONS**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
09/12/22	TRANSFER PRINCIPAL CASH TO ACCOUNT 69-69-002-7928120 DEACONESS RET - MAIN ACCOUNT 69-69-002-9625997		\$2,003,587.10-		
03/13/23	TRANSFER TO ACCOUNT ENDING XXX8120 ACCOUNT 69-69-002-9625997		.24-		
03/13/23	TRANSFER TO ACCOUNT ENDING XXX8120 ACCOUNT 69-69-002-9797622		.06-		
03/13/23	TRANSFER TO ACCOUNT ENDING XXX8120 ACCOUNT 69-69-002-9881657		.01-		
	TOTAL CASH TRANSFERS FROM PLAN		<u>\$2,147,993.01-</u>		
<u>NON-CASH TRANSFERS FROM PLAN</u>					
09/23/22	STATE STR BK & TR CO INVT FDS SSGA US LONG TREA INDEX NON LENDING SER FD CL A CARRYING VALUE ADJUSTMENT TO PROPERLY REFLECT ACCOUNT HOLDINGS ACCOUNT 69-69-002-9625997	\$3,400,000.00-		\$3,097,446.62-	
09/27/22	MERCER US SMALL/MID CAP EQUITY CT (FD 310) DELIVERED 66067.344 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	2,600,071.87-		2,342,087.34-	
09/27/22	MERCER US CORE FIXED INC CT DELIVERED 169127.751 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	3,152,541.29-		2,969,883.31-	
09/27/22	MERCER NON-US CORE EQUITY CT DELIVERED 83107.105 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	1,830,295.85-		1,700,371.37-	

STATEMENT OF TRANSACTIONS

69-69-002-9626300

07/01/22 THROUGH 06/30/23

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
09/27/22	MERCER ACTIVE LONG CORPORATE FIXED INCOME PORTFOLIO FD 600 DELIVERED 175887.47 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	\$3,303,166.69-		\$2,972,498.24-	
09/27/22	MERCER GLOBAL LOW VOLATILITY EQUITY PO DELIVERED 116892.422 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	2,817,328.60-		2,667,485.07-	
09/27/22	STATE STREET INTERNATIONAL INDEX NON-LENDING SERIES FUND CLASS A (GROSSNAV) ZVFA01 DELIVERED 78967.216 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	1,816,157.12-		1,704,665.29-	
09/27/22	STATE STR BK & TR CO INVT FDS SSGA DAILY EMERGING MKTS INDEX SER FD CL A DELIVERED 36782.234 SHARES TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	1,221,243.68-		1,182,953.43-	
09/27/22	S&P 500 (R) INDX NL SF CL A (CMM3) DELIVERED 77483.5 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	6,812,867.47-		6,202,554.17-	
09/27/22	OPPORTUNISTIC FIXED INCOME CT DELIVERED 223744.278 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	2,512,648.24-		2,335,890.26-	
09/27/22	U.S. LONG TREASURY INDX NL SF CL A (CMDG4) DELIVERED 172509.075 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	3,370,986.88-		2,968,018.64-	

STATEMENT OF TRANSACTIONS

69-69-002-9626300

07/01/22 THROUGH 06/30/23

DATE	TRANSACTION DESCRIPTION	HISTORICAL COST	CASH AMOUNT	ERISA COST	REALIZED GAIN OR LOSS
09/27/22	COHEN & STEERS GLOBAL REALTY FUND CL M DELIVERED 49751.244 PAR VA TRANSFER TO DEACONESS FOR MERGER ACCOUNT 69690027928120 ACCOUNT 69-69-002-9625997	\$900,000.00-		\$847,762.69-	
	TOTAL NON-CASH TRANSFERS FROM PLAN	<u>\$33,737,307.69-</u>		<u>\$30,991,616.43-</u>	

ASSETS ACQUIRED & DISPOSED**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	SECURITY	AMOUNT PAID/ SALE PROCEEDS	HISTORICAL COST	ERISA COST
ASSETS ACQUIRED				
07/31/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET DEPOSIT 316775907 ACCOUNT 69-69-002-9625997	\$601.00-	\$601.00	\$601.00
07/31/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET DEPOSIT 316775907 ACCOUNT 69-69-002-9625997	7,350.00-	7,350.00	7,350.00
08/05/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO NON-BROKER INCOME PAYMENT PURC 466.171 SHR @ \$ 9.51 ON 04/29/22 FOR DIVIDEND REINVESTMENT 9941409D5 ACCOUNT 69-69-002-9625997	4,433.29-	4,433.29	4,433.29
08/05/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO NON-BROKER INCOME PAYMENT PURC 280.598 SHR @ \$ 9.84 ON 05/31/22 FOR DIVIDEND REINVESTMENT 9941409D5 ACCOUNT 69-69-002-9625997	2,761.08-	2,761.08	2,761.08
08/05/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO NON-BROKER INCOME PAYMENT PURC 344.052 SHR @ \$ 9.03 ON 06/30/22 FOR DIVIDEND REINVESTMENT 9941409D5 ACCOUNT 69-69-002-9625997	3,106.79-	3,106.79	3,106.79
08/05/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO NON-BROKER INCOME PAYMENT PURC 310.359 SHR @ \$ 9.37 ON 07/29/22 FOR DIVIDEND REINVESTMENT 9941409D5 ACCOUNT 69-69-002-9625997	2,908.06-	2,908.06	2,908.06
08/31/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET DEPOSIT 316775907 ACCOUNT 69-69-002-9625997	1,119.00-	1,119.00	1,119.00

ASSETS ACQUIRED & DISPOSED**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	SECURITY	AMOUNT PAID/ SALE PROCEEDS	HISTORICAL COST	ERISA COST
08/31/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET DEPOSIT 316775907 ACCOUNT 69-69-002-9625997	\$25,400.00-	\$25,400.00	\$25,400.00
09/08/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO PURC 185.833 SHR @ \$ 9.08 ON 08/31/22 FOR DIVIDEND REINVESTMENT 9941409D5 ACCOUNT 69-69-002-9625997	1,687.36-	1,687.36	1,687.36
TOTAL ASSETS ACQUIRED		<u>\$49,366.58-</u>	<u>\$49,366.58</u>	<u>\$49,366.58</u>
<u>ASSETS DISPOSED</u>				
07/11/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO 06/22 SALE OF 16,998.973 SHS @ 8.87 9941409D5 ACCOUNT 69-69-002-9625997	150,780.89	162,868.49-	170,839.68-
08/01/22	MERCER US SMALL/MID CAP EQUITY CT (FD 310) 07/26 SALE OF 843.451 SHS @ 37.24 552857302 ACCOUNT 69-69-002-9625997	31,410.12	33,193.91-	29,900.34-
08/01/22	S&P 500 (R) INDX NL SF CL A (CMM3) 07/26 SALE OF 983.104 SHS @ 82.983 857444590 ACCOUNT 69-69-002-9625997	81,580.88	86,441.08-	78,697.48-
08/23/22	S&P 500 (R) INDX NL SF CL A (CMM3) 08/19 SALE OF 1,852.607 SHS @ 89.620 857444590 ACCOUNT 69-69-002-9625997	166,030.63	162,893.60-	148,301.19-
09/09/22	WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO NON BROKER TRADE/TRANSFER 09/06 SALE OF 120,599.496 SHS @ 8.99 9941409D5 ACCOUNT 69-69-002-9625997	1,084,189.47	1,155,164.51-	1,210,972.03-

ASSETS ACQUIRED & DISPOSED**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

DATE	SECURITY	AMOUNT PAID/ SALE PROCEEDS	HISTORICAL COST	ERISA COST
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL 316775907 ACCOUNT 69-69-002-9625997	\$6,883.00	\$6,883.00-	\$6,883.00-
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL 316775907 ACCOUNT 69-69-002-9625997	993,044.00	993,044.00-	993,044.00-
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL 316775907 ACCOUNT 69-69-002-9626086	5.00	5.00-	5.00-
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL 316775907 ACCOUNT 69-69-002-9797622	76.00	76.00-	76.00-
09/30/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL 316775907 ACCOUNT 69-69-002-9881657	16.00	16.00-	16.00-
10/31/22	FIFTH THIRD BANKSAFE TRUST MONTHLY MONEY MARKET WITHDRAWAL 316775907 ACCOUNT 69-69-002-9625997	72.00	72.00-	72.00-
	TOTAL ASSETS DISPOSED	<u>\$2,514,087.99</u>	<u>\$2,600,657.59-</u>	<u>\$2,638,806.72-</u>

SINGLE TRANSACTION EXCEEDS 5%

69-69-002-9626300

07/01/22 THROUGH 06/30/23

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	VALUATION	OTHER EXPENSE	33,581,659.87 THRESHOLD	COST OF ASSET	1,679,082.99	NET GAIN/LOSS
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NO ACTIVITY THIS PERIOD

5% REPORT BY ASSET-AGGREGATE**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	VALUATION	OTHER EXPENSE	33,581,659.87 THRESHOLD	COST OF ASSET	1,679,082.99	NET GAIN/LOSS
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NO ACTIVITY THIS PERIOD

5% REPORT BY BROKER-SECURITIES**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	VALUATION 33,581,659.87	OTHER EXPENSE	THRESHOLD 1,679,082.99	COST OF ASSET	NET GAIN/LOSS
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NO ACTIVITY THIS PERIOD

5% REPORT BY BROKER-NONSECURITIES**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	VALUATION 33,581,659.87	OTHER EXPENSE	THRESHOLD 1,679,082.99	COST OF ASSET	NET GAIN/LOSS
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NO ACTIVITY THIS PERIOD

BROKER COMMISSION REPORT**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

ASSET DESCRIPTION	TRAN TYPE	SETTLE DATE	SHARES/ UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION	OTHER EXPENSE	COST OF ASSET	NET GAIN/LOSS
BROKER NO - 9001 HAS NO NAME								
MERCER US SMALL/MID CAP EQUITY CT (FD 310)	SAL	08/01/22	843.451	31,410.12	.00	.00	33,193.91	-1,783.79
S&P 500 (R) INDX NL SF CL A (CMM3)	SAL	08/01/22	983.104	81,580.88	.00	.00	86,441.08	-4,860.20
	SAL	08/23/22	1,852.607	166,030.63	.00	.00	162,893.60	3,137.03
WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO	SAL	07/11/22	16,998.973	150,780.89	.00	.00	162,868.49	-12,087.60
	SAL	09/09/22	120,599.496	1,084,189.47	.00	.00	1,155,164.51	-70,975.04
BROKER/PARTY TOTAL					.00			
						.00		
NON-BROKER INCOME PAYMENT								
WTC CIF ENDURING ASSETS (SERIES 2) PORTFOLIO	PUR	08/05/22	466.171	4,433.29	.00	.00	4,433.29	.00
	PUR	08/05/22	280.598	2,761.08	.00	.00	2,761.08	.00
	PUR	08/05/22	344.052	3,106.79	.00	.00	3,106.79	.00
	PUR	08/05/22	310.359	2,908.06	.00	.00	2,908.06	.00
BROKER/PARTY TOTAL					.00			
						.00		
TOTAL COMMISSIONS					.00			
						.00		

INCOME EARNED AND RECEIVABLE**69-69-002-9626300****07/01/22 THROUGH 06/30/23**

SHARES/PAR EX-DATE	PAY-DATE	RATE	PREVIOUS ACCRUAL	INCOME EARNED	INCOME RECEIVED	CURRENT ACCRUAL
FIFTH THIRD BANKSAFE TRUST						
	06/30/22		3.99		3.99	
	06/30/22		596.45		596.45	
	07/31/22		.07	7.07	7.14	
	07/31/22			1,111.91	1,111.91	
	08/31/22			12.26	12.26	
	08/31/22			1,578.94	1,578.94	
	09/30/22			6.33	6.33	
	09/30/22			807.07	807.07	
	10/31/22			.01	.01	
	11/30/22			.24	.24	
	06/30/22			.06	.06	
	07/31/22			.09	.09	
	08/31/22			.12	.12	
	09/30/22			.06	.06	
	06/30/22			.01	.01	
	07/31/22			.03	.03	
	08/31/22			.03	.03	
	09/30/22			.01	.01	
ACCOUNT TOTALS			<u>600.51</u>	<u>3,524.24</u>	<u>4,124.75</u>	

NEWS AND INFORMATION**69-69-002-9626300****AS OF 06/30/23**

-PRICING ON FIXED INCOME SECURITIES IS PROVIDED TO US THROUGH INTERACTIVE DATA CORPORATION (IDC). WHILE EVERY ATTEMPT IS MADE TO PROVIDE REASONABLE VALUATIONS ON FIXED INCOME SECURITIES, PLEASE BE AWARE THAT IN THE CURRENT MARKET ENVIRONMENT, THE STATEMENT VALUATION MAY NOT BE REFLECTIVE OF THE CURRENT MARKET PRICE AVAILABLE. IF YOU HAVE QUESTIONS PLEASE CONTACT YOUR ACCOUNT REPRESENTATIVE.

-TRADES PLACED IN ACCOUNTS: IN THE EVENT THAT FIFTH THIRD BANK MAKES AN ERROR IN PLACING A SECURITIES TRADE IN AN IRA ACCOUNT, AN ERISA ACCOUNT OR IN AN ACCOUNT FOR WHICH FIFTH THIRD BANK IS RESPONSIBLE FOR INVESTMENT MANAGEMENT DISCRETION (MANAGED ACCOUNT) RESULTING IN SETTLED POSITIONS THAT DIFFER FROM THE INTENDED POSITIONS, FIFTH THIRD BANK WILL CORRECT THE TRANSACTIONS IN THE ACCOUNT. IF THE CORRECTIONS RESULT IN A LOSS TO THE ACCOUNT, FIFTH THIRD BANK WILL REIMBURSE THE ACCOUNT FROM FIFTH THIRD BANK'S OWN FUNDS. IN THE EVENT THAT TRANSACTIONS RESULT IN A GAIN, THE ACCOUNT WILL RETAIN THE GAIN TO THE EXTENT IT HAD THE CASH OR SECURITIES ON HAND TO SETTLE THE TRADE. SETTLED GAIN ATTRIBUTABLE TO CASH OR SECURITIES IN EXCESS OF THE ACCOUNT'S AVAILABLE CASH OR SECURITIES AT THE TIME OF SETTLEMENT WILL BE RETAINED BY FIFTH THIRD BANK. IN THE EVENT THAT FIFTH THIRD BANK MAKES AN ERROR IN PLACING A TRADE IN A DIRECTED ACCOUNT THAT IS NOT AN IRA OR SUBJECT TO ERISA AND RESULTS IN SETTLED POSITIONS THAT DIFFER FROM THE POSITION INTENDED BY THE CLIENT'S DIRECTION, FIFTH THIRD BANK WILL CORRECT THE TRANSACTIONS TO REFLECT THE CLIENT'S INSTRUCTIONS, WITH LOSSES ABSORBED OR GAINS RETAINED BY FIFTH THIRD BANK. IN THE EVENT THAT FIFTH THIRD BANK MAKES AN ERROR IN PLACING A TRADE IN AN ACCOUNT THAT IS NOT AN IRA OR SUBJECT TO ERISA THAT INVOLVES MULTIPLE TRANSACTIONS OCCURRING IN A SINGLE BUSINESS DAY, FIFTH THIRD BANK WILL CALCULATE A NET GAIN OR LOSS ACROSS THE ACCOUNT AND APPLY THE SAME GAIN/LOSS PROCEDURES AS DESCRIBED ABOVE. IN THE EVENT THAT FIFTH THIRD EXPERIENCES, FOR WHATEVER REASON, AN INTERRUPTION IN ITS ABILITY TO EXECUTE TRADES, FIFTH THIRD BANK WILL EXECUTE ON A BEST EFFORTS BASIS AND MAY NOT OBTAIN EXECUTION PRICES GENERALLY AVAILABLE DURING THE PERIOD OF INTERRUPTION.

-A COPY OF THE MOST RECENT AUDITED FINANCIAL STATEMENTS FOR YOUR COMMON OR COLLECTIVE FUND HOLDINGS OR A COPY OF THE PROSPECTUS FOR ANY OF YOUR MUTUAL FUND HOLDINGS IS AVAILABLE UPON REQUEST. PLEASE CONTACT YOUR TRUST OFFICER FOR GUIDANCE ON HOW TO REQUEST A COPY.

-FIFTH THIRD BANK, NATIONAL ASSOCIATION, RECEIVES PAYMENTS KNOWN AS REVENUE SHARING FROM CERTAIN MUTUAL FUND FAMILIES AND MAY RECEIVE FINANCIAL INCENTIVES FOR THE SALE OF CERTAIN MUTUAL FUNDS. FIFTH THIRD BANK MAY BENEFIT FINANCIALLY FROM THE RECEIPT OF REVENUE SHARING PAYMENTS FROM THE ADVISERS AND DISTRIBUTORS OF THE MUTUAL FUND FAMILIES. REVENUE SHARING PAYMENTS ARE IN ADDITION TO STANDARD SALES LOADS, ANNUAL SERVICE FEES (REFERRED TO AS RULE 12B-1 FEES), EXPENSE REIMBURSEMENTS, SUB-TRANSFER AGENT FEES FOR MAINTAINING CUSTOMER ACCOUNT INFORMATION, PROVIDING ADMINISTRATIVE SERVICES FOR THE MUTUAL FUNDS (SHAREHOLDER ACCOUNTING AND NETWORKING FEES), AND ANY REIMBURSEMENT FOR EDUCATION, MARKETING SUPPORT AND TRAINING-RELATED EXPENSES. FOR MORE INFORMATION ABOUT FEES, PLEASE ASK YOUR RELATIONSHIP MANAGER.

-FLOAT PERIOD ON DISTRIBUTIONS: DISTRIBUTIONS PAID BY CHECK FROM ACCOUNTS ARE GENERATED AND PROCESSED THROUGH AN OMNIBUS ACCOUNT IN THE NAME OF FIFTH THIRD BANK. THE FLOAT PERIOD ON DISTRIBUTIONS COMMENCES UPON THE ISSUANCE OF THE DISTRIBUTION CHECK. THE FLOAT PERIOD ENDS UPON THE EARLIER OF: FOR ERISA ACCOUNT DISTRIBUTIONS, PRESENTATION OF THE DISTRIBUTION CHECK FOR PAYMENT, OR THE EXPIRATION OF 180 DAYS; AND FOR NON-ERISA ACCOUNT DISTRIBUTIONS, PRESENTATION OF THE DISTRIBUTION CHECK FOR PAYMENT, REDEPOSIT OF SUCH UNCASHED AMOUNTS, OR ESCHEATMENT OF SUCH UNCASHED AMOUNTS. FLOAT EARNINGS ASSOCIATED WITH THE PAYMENTS ARE RETAINED AS COMPENSATION FOR HANDLING OF THE PAYMENTS. DISTRIBUTIONS PAID BY DIRECT DEPOSIT, OR WIRE, DO NOT GENERATE FLOAT EARNINGS. CONTRIBUTIONS/RECEIPTS RECEIVED BY FIFTH THIRD BANK PENDING INVESTMENT DIRECTION WILL BE PROCESSED THROUGH AN OMNIBUS ACCOUNT IN THE NAME OF FIFTH THIRD BANK. FLOAT EARNINGS ASSOCIATED WITH CONTRIBUTIONS/RECEIPTS ARE RETAINED AS COMPENSATION FOR HANDLING CONTRIBUTION/RECEIPTS. CONTRIBUTIONS/RECEIPTS RECEIVED WHERE THERE ARE STANDING INVESTMENT DIRECTIONS, OR WHICH ARE RECEIVED WITH SPECIFIC INVESTMENT DIRECTIONS WILL NOT GENERATE FLOAT EARNINGS. THE FLOAT EARNINGS RECEIVED ARE CALCULATED DAILY USING THE CURRENT EFFECTIVE FEDERAL FUNDS RATE THAT IS SPECIFIED AT THE FEDERAL RESERVE BANK OF NEW YORK WEBSITE: [HTTP://WWW.NEWYORKFED.ORG/MARKETS/OMO/DMM/FEDFUNDSDATA.CFM](http://www.newyorkfed.org/markets/omo/dmm/fedfunddata.cfm)

-THE MARKET PRICES AND ESTIMATED INCOME SHOWN HEREIN ARE OBTAINED FROM SOURCES WHICH WE BELIEVE RELIABLE BUT THEY ARE NOT GUARANTEED AND ARE LISTED FOR PURPOSES OF INFORMATION ONLY.

-THE MARKET YIELD SHOWN HEREIN REPRESENTS THE INCOME DISTRIBUTION RATE WHICH IS DETERMINED BY DIVIDING THE ESTIMATED INCOME BY MARKET VALUE.

-THIS STATEMENT IS INTENDED TO PROVIDE YOU WITH INFORMATION ON ACTIVITY WITHIN THE ACCOUNT. THE INFORMATION PROVIDED IS NOT TO BE USED FOR TAX PURPOSES. IF YOU HAVE QUESTIONS REGARDING TAX REPORTING, PLEASE CONTACT YOUR TAX ADVISOR.

-ALL REFERENCES TO FIFTH THIRD BANK, INCLUDING ANY VARIATIONS HEREIN, SHALL MEAN FIFTH THIRD BANK, NATIONAL ASSOCIATION.

-FOREIGN TAX WITHHOLDING RECLAMATION SERVICES: AS PART OF YOUR INVESTMENT STRATEGY THE ACCOUNT MAY INVEST IN GLOBAL (FOREIGN) SECURITIES THROUGH THE USE OF AMERICAN DEPOSITORY RECEIPTS (ADRS) AND/OR CANADIAN SHARES. INCOME GENERATED FROM THESE INVESTMENTS MAY BE SUBJECT TO WITHHOLDING FOR FOREIGN TAXES PRIOR TO BEING PAID TO YOUR ACCOUNT. IN ORDER TO RECOVER A PORTION OF THE WITHHOLDINGS, FIFTH THIRD BANK HAS ENGAGED GLOBETAX SERVICES, INC. (GLOBETAX), A WORLDWIDE LEADER IN CROSS-BOARDER WITHHOLDING TAX RECOVERY FOR THOSE RECOVERY SERVICES. ALL ACCOUNTS ARE AUTOMATICALLY ENROLLED IN THE BASIC LEVEL OF FOREIGN TAX RECLAMATION SERVICES OFFERED BY GLOBETAX. AS PART OF GLOBETAX'S SERVICES, PLEASE NOTE THAT PERSONAL/CORPORATE INFORMATION ON THE OWNER'S OR BENEFICIAL INTEREST HOLDERS WILL BE SHARED WITH THE PARTICULAR FOREIGN TAXING AUTHORITY WHERE THE CLAIM IS BEING FILED. THERE IS A SERVICE FEE CHARGED BY GLOBETAX WHICH IS TAKEN AS A PERCENTAGE OF THE AMOUNT OF FOREIGN TAX WITHHOLDING RECOVERED. FIFTH THIRD BANK DOES NOT CHARGE ANY ADDITIONAL FEE FOR THIS SERVICE AT THE ACCOUNT LEVEL. ACCOUNT OWNERS HAVE THE OPTION TO OPT-OUT OF THE GLOBETAX RECOVERY SERVICES. FOR QUESTIONS OR TO OPT-OUT, PLEASE CONTACT THE FIFTH THIRD ACCOUNT OFFICER. OPT-OUTS MUST BE IN WRITING.



FIFTH THIRD BANK AS TRUSTEE
FOR THE METHODIST HOSPITAL
RETIREMENT PLAN

ACCOUNT # 69-69-002-9626300

ACCOUNT CONTACTS - BRIAN BLALOCK	(812) 456-2979
- BETTY RAPP	(502) 562-5205
- MARIA SONDERMAN	(513) 358-4396

STATEMENT HIGHLIGHTS

SUMMARY OF BALANCES

PERIOD 07/01/22 - 06/30/23

	CURRENT MARKET VALUE	% OF MARKET	ESTIMATED ANNUAL INCOME	MARKET YIELD
CASH				
MONEY MARKET INVESTMENTS	\$0.00	0.00%	\$0.00	0.00%
SHORT TERM INVESTMENTS	0.00	0.00	0.00	0.00
CASH	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
BONDS				
BONDS	0.00	0.00	0.00	0.00
BOND FUNDS	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
EQUITIES				
COMMON STOCK	0.00	0.00	0.00	0.00
PREFERRED STOCK	0.00	0.00	0.00	0.00
EQUITY FUNDS	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
OTHER				
ASSETS/LIABILITIES	0.00	0.00	0.00	0.00
ACCRUED INCOME	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
TOTAL VALUE	\$0.00	0.00%	\$0.00	0.00%

FOURTH STREET PERFORMANCE
PARTNERS ATTN: NEIL HEPPLER
211 GARRARD STREET
COVINGTON, KY

THE FIFTH THIRD BANK HEREBY CERTIFIES THAT THE
FOLLOWING STATEMENT FURNISHED PURSUANT TO
29 CFR 2520.103-5(C) IS COMPLETE AND ACCURATE.

41011

AUTHORIZED SIGNATURE



FIFTH THIRD BANK AS TRUSTEE
FOR THE METHODIST HOSPITAL
RETIREMENT PLAN

ACCOUNT # 69-69-002-9626300

ACCOUNT CONTACTS - BRIAN BLALOCK	(812) 456-2979
- BETTY RAPP	(502) 562-5205
- MARIA SONDERMAN	(513) 358-4396

STATEMENT HIGHLIGHTS

SUMMARY OF BALANCES

PERIOD 07/01/22 - 06/30/23

	CURRENT MARKET VALUE	% OF MARKET	ESTIMATED ANNUAL INCOME	MARKET YIELD
CASH				
MONEY MARKET INVESTMENTS	\$0.00	0.00%	\$0.00	0.00%
SHORT TERM INVESTMENTS	0.00	0.00	0.00	0.00
CASH	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
BONDS				
BONDS	0.00	0.00	0.00	0.00
BOND FUNDS	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
EQUITIES				
COMMON STOCK	0.00	0.00	0.00	0.00
PREFERRED STOCK	0.00	0.00	0.00	0.00
EQUITY FUNDS	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
OTHER				
ASSETS/LIABILITIES	0.00	0.00	0.00	0.00
ACCRUED INCOME	0.00	0.00	0.00	0.00
TOTAL	\$0.00	0.00%	\$0.00	0.00%
TOTAL VALUE	\$0.00	0.00%	\$0.00	0.00%

THE FIFTH THIRD BANK HEREBY CERTIFIES THAT THE FOLLOWING STATEMENT FURNISHED PURSUANT TO 29 CFR 2520.103-5(C) IS COMPLETE AND ACCURATE.

AUTHORIZED SIGNATURE _____

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost changed to \$124,179 to reflect our expectations for the current plan year.