Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1997

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)
METHODIST HOSPITAL OF SOUTHERN CA

300 WEST HUNTINGTON DRIVE
ARCADIA, CA 91007

2b Employer Identification Number (EIN) 95-1643336

2c Plan Sponsor's telephone number 626-821-6936

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/02/2025	DAVID DONALDSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	2392
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	1848
a(2) Total number of active participants at the end of the plan year	**6a(2)**	1651
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	138
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1789
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	1789
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	1515
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	1129
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2L 2M 2R 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)	Insurance Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan	**B** Three-digit plan number (PN) ▶
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS PLAN	004
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
METHODIST HOSPITAL OF SOUTHERN CA	95-1643336

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
31-4156830	66869	GAP-B2-JY9F	1129	01/01/2023	12/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	24179565
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ GIC

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

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

b	Balance at the end of the previous year		7b	26287416
c	Additions: (1) Contributions deposited during the year	7c(1)	1093610	
	(2) Dividends and credits	7c(2)	104	
	(3) Interest credited during the year	7c(3)	634773	
	(4) Transferred from separate account	7c(4)	0	
	(5) Other (specify below)	7c(5)	6240	
	▶ GIC			
	(6)Total additions		7c(6)	1734727
d	Total of balance and additions (add lines **7b** and **7c(6)**).		7d	28022143
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3472466	
	(2) Administration charge made by carrier	7e(2)	38465	
	(3) Transferred to separate account	7e(3)	0	
	(4) Other (specify below)	7e(4)	0	
	▶ GIC			
	(5) Total deductions		7e(5)	3510931
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)		7f	24511212

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2023
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation		

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
METHODIST HOSPITAL OF SOUTHERN CA

D Employer Identification Number (EIN)
95-1643336

Part I Service Provider Information (see instructions)

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 59 64 63 60 99 49	RECORDKEEPER	239616	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

WELLS FARGO ADVISORS FIN NET

59-2617265

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	ADVISORY FIRM	106009	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEAFHOUSE FINANCIAL ADVISORS LLC

26-4311657

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT MANAGEMENT	70907	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ERISA SMART

45-5529798

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 29	ADVISORY FIRM	35450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
METHODIST HOSPITAL OF SOUTHERN CA

D Employer Identification Number (EIN)
95-1643336

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	136865	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)	142205	89607
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	136637970	161926345
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	26287416	24179565
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	163204456	186195517
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	163204456	186195517

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)	2311798	
(B) Participants	2a(1)(B)	8178678	
(C) Others (including rollovers)	2a(1)(C)	713539	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		11204015
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(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)	6292	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6292
(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)	3209367	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3209367
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		22082577
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		36502251
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13058963	
(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)		13058963
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	452227	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		452227
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13511190
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		22991061
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

(1) Name: HOLTHOUSE CARLIN & VAN TRIGT LLP **(2)** EIN: 95-4345526

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) [ ] This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under 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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
METHODIST HOSPITAL OF SOUTHERN CA

D Employer Identification Number (EIN)
95-1643336

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 31-4156830 _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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): _____

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702763A .

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS,
SUPPLEMENTAL SCHEDULE,
AND
INDEPENDENT AUDITOR'S REPORT
DECEMBER 31, 2023

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
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HCVT
HOLTHOUSE | CARLIN | VAN TRIGT LLP

INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of the Methodist Hospital of Southern California Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2023 and 2022, and for the year ended December 31, 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to, or is derived from, the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Holthouse Carlin & Van Trigt LLP

Camarillo, California
October 16, 2024

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31,	2023	2022
Assets		
Investments, at fair value	$ 186,105,910	$ 163,062,251
Receivables:		
Organization contributions	95,618	79,646
Notes receivable from participants	89,607	142,205
Total assets	186,291,135	163,284,102
Liabilities	-	-
Net assets available for benefits	$ 186,291,135	$ 163,284,102

See notes to financial statements.

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31,		2023
Additions		
Organization contributions	$	2,327,770
Participants' contributions		8,178,678
Participants' rollover contributions		713,539
Net appreciation of investments		21,424,390
Interest income on investments		658,187
Dividend income on investments		3,209,367
Interest income on notes receivable from participants		6,292
Total additions		36,518,223
Deductions		
Benefits paid to participants		13,058,963
Administrative expenses		452,227
Total deductions		13,511,190
Net increase		23,007,033
Net assets available for benefits		
Beginning of year		163,284,102
End of year	$	186,291,135

See notes to financial statements.

1. PLAN DESCRIPTION

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

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

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

The Plan provides for the Organization to make discretionary matching contributions. Participants must complete one year of service with at least 1,000 hours of service to be entitled to receive the discretionary Organization matching contribution. For the year ended December 31, 2023, the Organization matching contributions were $2,327,770. The Plan also provides for qualified nonelective contributions, of which none were made for the year ended December 31, 2023.

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Contributions - Contributions from Plan participants and the matching contributions from the Organization are recorded in the year in which the participant contributions are withheld from compensation.

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

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

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2023 and 2022.

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

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

Benefits Payable to Participants - Benefits are recorded when paid.

Subsequent Events - The Organization has evaluated subsequent events through October 16, 2024, which is the date that the financial statements were available to be issued, and determined that there were no subsequent events or transactions that required recognition or disclosure in the financial statements.

3. FAIR VALUE

The Plan accounts for its financial instruments using a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The 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).

The three levels of the fair value hierarchy are the following:

- Level 1 – Inputs to the valuation methodology that are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2 – Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are inactive; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

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

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

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

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

Investments at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 161,239,947	$ -	$ -	$ 161,239,947
Guaranteed interest contract	-	-	24,179,565	24,179,565
Individually Directed Accounts*	686,398	-	-	686,398
Total investments at fair value	$ 161,926,345	$ -	$ 24,179,565	$ 186,105,910

Investments at Fair Value as of December 31, 2022

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

* As of December 31, 2023 and 2022, the individually directed accounts consisted of a money market mutual fund and mutual funds.

The following table sets forth a summary of transfers, purchases, and issuances of the Plan's Level 3 investment, Fixed Contract Account, for the year ended December 31, 2023:

Purchases	$	1,099,953
Issuances	$	(3,847,731)
Transfers in	$	-
Transfers out	$	-

The following table represents information about the significant unobservable inputs related to the Level 3 investments as of December 31, 2023:

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range
Fixed Contract Account	$24,179,565	Discontinuation value	Crediting rate	2.71%

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

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

4. FINANCIAL DATA CERTIFIED BY THE CUSTODIAN

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

a. Investments, at fair value, as shown in the accompanying statements of net assets available for benefits as of December 31, 2023 and 2022.

b. Net appreciation of investments and interest and dividend income on investments as shown in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2023.

c. Investments as listed in the accompanying Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023.

5. RELATED PARTY AND PARTY IN INTEREST TRANSACTIONS

The Plan's investments are held by the Custodian. Transactions with the Custodian qualify as party in interest transactions for which exemptions exist. During the year ended December 31, 2023, the Custodian received $239,862 for administrative and transaction fees that were paid by participants through the Plan. The Custodian also received indirect compensation from investments based on a formula. In addition, the Plan utilizes advisors that received compensation of $212,365.

6. NOTES RECEIVABLE FROM PARTICIPANTS

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

7. TAX STATUS

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Organization has taken a significant uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2023, there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. RISKS AND UNCERTAINTIES

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

9. PLAN TERMINATION

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

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

As of December 31,	2023	2022
Net assets available for benefits per the financial statements	$ 186,291,135	$ 163,284,102
Organization contributions receivable	(95,618)	(79,646)
Net assets available for benefits per the Form 5500	$ 186,195,517	$ 163,204,456

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

For the year ended December 31,		**2023**
Net increase in net assets available for benefits per the financial statements	$	23,007,033
Change in Organization contributions receivable		(15,972)
Net increase in net assets available for benefits per the Form 5500	$	22,991,061

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
EIN 95-1643336 PLAN #004
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

Identity of issue	Description of investment	Current value
Investments		
AB Discovery Growth Fund	Mutual Fund	$ 4,438
AB Global Bond Fund	Mutual Fund	642,688
AB Large Cap Growth Fund	Mutual Fund	18,030,903
AB Relative Value Fund	Mutual Fund	420,134
AB Small Cap Growth Portfolio Fund	Mutual Fund	15,246
Allspring Discovery SMID Cap Growth Fund	Mutual Fund	52,548
Allspring Growth Fund	Mutual Fund	686
American Beacon Bridgeway Large Cap Value Fund	Mutual Fund	6,102
American Beacon International Equity Fund Class R5	Mutual Fund	29,460
American Beacon International Equity Fund Class R6	Mutual Fund	5,926
American Century Disciplined Core Value Fund	Mutual Fund	8,521,518
American Century Small Cap Growth Fund	Mutual Fund	1,844,854
American Funds American Balanced Fund	Mutual Fund	57,622
American Funds EuroPacific Growth Fund	Mutual Fund	25,737
American Funds The Growth Fund of America	Mutual Fund	29,159
American Funds New World Fund	Mutual Fund	13,187
American Funds Washington Mutual Investors Fund	Mutual Fund	9,575
Avantis U.S. Large Cap Value Fund	Mutual Fund	1,060,294
Avantis U.S. Small Cap Value Fund	Mutual Fund	315,665
Baron Asset Fund	Mutual Fund	1,857
Baron Discovery Fund	Mutual Fund	13,850
Baron Opportunity Fund	Mutual Fund	32,292
Baron Partners Fund	Mutual Fund	39,925
BlackRock High Yield Bond Portfolio Fund	Mutual Fund	900,201
BlackRock LifePath Index 2025 Fund	Asset Allocation Mutual Fund	11,384,110
BlackRock LifePath Index 2030 Fund	Asset Allocation Mutual Fund	10,564,443
BlackRock LifePath Index 2035 Fund	Asset Allocation Mutual Fund	9,154,698
BlackRock LifePath Index 2040 Fund	Asset Allocation Mutual Fund	7,830,828
BlackRock LifePath Index 2045 Fund	Asset Allocation Mutual Fund	5,094,294
BlackRock LifePath Index 2050 Fund	Asset Allocation Mutual Fund	5,894,619
BlackRock LifePath Index 2055 Fund	Asset Allocation Mutual Fund	1,816,164
BlackRock LifePath Index 2060 Fund	Asset Allocation Mutual Fund	742,553
BlackRock LifePath Index 2065 Fund	Asset Allocation Mutual Fund	81,061
BlackRock LifePath Index Retirement Fund	Asset Allocation Mutual Fund	10,711,754
BlackRock Mid-Cap Growth Equity Portfolio Fund	Mutual Fund	965,185
BlackRock Strategic Income Opportunities Portfolio Fund	Mutual Fund	30,990
BlackRock Total Return Fund	Mutual Fund	889,223
iShares Russell Small/Mid-Cap Index Fund	Mutual Fund	13,981
iShares S&P 500 Index Fund Institutional Shares	Mutual Fund	22,099
iShares S&P 500 Index Fund Class K	Mutual Fund	7,968
Cohen & Steers Real Estate Securities Fund	Mutual Fund	1,419,923
Columbia Select Large Cap Growth Fund	Mutual Fund	276,664
Columbia Thermostat Fund	Mutual Fund	22,114

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

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
EIN 95-1643336 PLAN #004
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023
(CONTINUED)

Identity of issue	Description of investment	Current value
Delaware Mid Cap Growth Equity Fund	Mutual Fund	12,010
DFA Emerging Markets Portfolio Fund	Mutual Fund	20,579
DFA Emerging Markets Core Equity Portfolio Fund	Mutual Fund	866,151
DFA Global Real Estate Securities Portfolio Fund	Mutual Fund	47,944
DFA Inflation-Protected Securities Portfolio Fund	Mutual Fund	596,575
DFA U.S. Large Cap Value Portfolio Fund	Mutual Fund	93,682
DFA U.S. Targeted Value Portfolio Fund	Mutual Fund	6,791
DFA World ex U.S. Government Fixed Income Portfolio Fund	Mutual Fund	296
DoubleLine Total Return Bond Fund	Mutual Fund	49,028
Diamond Hill Mid Cap Fund	Mutual Fund	575,202
Dodge & Cox International Stock Fund	Mutual Fund	1,154,687
Eventide Gilead Fund	Mutual Fund	16,407
Federated Hermes Government Obligations Fund	Money Market Mutual Fund	566,284
Fidelity 500 Index Fund	Mutual Fund	19,024,777
Fidelity International Index Fund	Mutual Fund	1,218,144
Fidelity NASDAQ Composite Index Fund	Mutual Fund	98,794
Fidelity U.S. Bond Index Fund	Mutual Fund	2,188,586
Fidelity Advisor Biotechnology Fund	Mutual Fund	36,148
Fidelity Advisor Growth Opportunities Fund	Mutual Fund	38,524
Fidelity Advisor Utilities Fund	Mutual Fund	41,066
Franklin DynaTech Fund	Mutual Fund	34,463
Franklin Gold and Precious Metals Fund	Mutual Fund	4,451
Templeton Global Bond Fund	Mutual Fund	178
Goldman Sachs GQG Partners International Opportunities Fund	Mutual Fund	1,174,462
Guggenheim Floating Rate Strategies Fund	Mutual Fund	409
Guggenheim Total Return Strategies Fund	Mutual Fund	3,556,853
Harbor International Growth Fund	Mutual Fund	28,096
Hartford Core Equity Fund	Mutual Fund	20,448
Invesco Equally-Weighted S&P 500 Fund	Mutual Fund	16,586
Invesco International Diversified Fund	Mutual Fund	90,861
Invesco Oppenheimer International Growth Fund	Mutual Fund	2,640
Invesco Real Estate Fund	Mutual Fund	11,582
JPMorgan Emerging Markets Equity Fund	Mutual Fund	803,127
JPMorgan Equity Income Fund	Mutual Fund	957,165
JPMorgan Hedged Equity Fund	Mutual Fund	432,945
JPMorgan Large Cap Growth Fund	Mutual Fund	1,082,567
JPMorgan Small Cap Growth Fund	Mutual Fund	7,675
JPMorgan Small Cap Value Fund	Mutual Fund	59,240
Janus Henderson Global Technology and Innovation Fund	Mutual Fund	39,790
Janus Henderson Triton Fund	Mutual Fund	64,639
BrandwineGLOBAL Opportunity Bond Fund	Mutual Fund	506,730
ClearBridge International Growth Fund	Mutual Fund	4,253,306
Western Asset Core Bond Fund	Mutual Fund	35,039

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

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
EIN 95-1643336 PLAN #004
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023
(CONTINUED)

Identity of issue	Description of investment	Current value
Western Asset Core Plus Bond Fund	Mutual Fund	602
Lord Abbett Floating Rate Fund	Mutual Fund	9,825
Lord Abbett Total Return Fund	Mutual Fund	312,212
MFS Midcap Growth Fund	Mutual Fund	544,489
MFS New Discovery Value Fund	Mutual Fund	1,749,735
Morgan Stanley Insight Fund	Mutual Fund	34,865
Morgan Stanley Institutional Fund Trust Discovery Portfolio Fund	Mutual Fund	84,347
Morgan Stanley Institutional Fund, Inc. Global Opportunity Portfolio Fund	Mutual Fund	10,919
Morgan Stanley Institutional Fund, Inc. Inception Portfolio Fund	Mutual Fund	10,310
Morgan Stanley Institutional Fund, Inc. Growth Portfolio Fund	Mutual Fund	67,189
* Nationwide Loomis All Cap Growth Fund	Mutual Fund	1,165,496
* Nationwide NYSE Arca Tech 100 Index Fund	Mutual Fund	42,069
Nuveen High Yield Income Fund	Mutual Fund	248
Oakmark Fund	Mutual Fund	8,189
PGIM High Yield Fund	Mutual Fund	2,605,590
PGIM Jennison Growth Fund	Mutual Fund	1,662
PGIM Total Return Bond Fund	Mutual Fund	1,526,441
PGIM Emerging Market Institutional Fund	Mutual Fund	13,958
PIMCO Income Fund	Mutual Fund	36,508
PIMCO RAE PLUS Fund	Mutual Fund	5,621
PIMCO Real Return Fund	Mutual Fund	1,099,505
PIMCO StocksPLUS Small Fund	Mutual Fund	574
PIMCO StocksPLUS Absolute Return Fund	Mutual Fund	757
PIMCO Total Return Fund	Mutual Fund	49,152
PIMCO CommodityRealReturn Strategy Fund	Mutual Fund	476,972
Parnassus Value Equity Fund	Mutual Fund	28,268
Pioneer Select Mid Cap Growth Fund	Mutual Fund	68,147
Principal Global Real Estate Securities Fund	Mutual Fund	669,075
Principal Real Estate Securities Fund	Mutual Fund	8,574
PGIM Global Real Estate Fund	Mutual Fund	722
T. Rowe Price All-Cap Opportunities Fund	Mutual Fund	1,731
T. Rowe Price Blue Chip Growth Fund	Mutual Fund	2,736
T. Rowe Price Communications & Technology Fund	Mutual Fund	29,875
T. Rowe Price Equity Income Fund	Mutual Fund	20,715
T. Rowe Price Growth Stock Fund	Mutual Fund	9,104
T. Rowe Price Science and Technology Fund	Mutual Fund	34,137
T. Rowe Price U.S. Equity Research Fund	Mutual Fund	20,518
Victory Sycamore Established Value Fund	Mutual Fund	842,815
Virtus Zevenbergen Technology Fund	Mutual Fund	85,036
Vanguard 500 Index Fund	Mutual Fund	1,195,729
Vanguard Balanced Index Fund	Mutual Fund	3,157
Vanguard Developed Markets Index Fund	Mutual Fund	803,928

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

METHODIST HOSPITAL OF SOUTHERN CALIFORNIA
RETIREMENT SAVINGS PLAN
EIN 95-1643336 PLAN #004
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023
(CONTINUED)

Identity of issue	Description of investment	Current value
Vanguard Emerging Markets Stock Index Fund	Mutual Fund	1,303
Vanguard Energy Index Fund	Mutual Fund	4,398
Vanguard European Stock Index Fund	Mutual Fund	4,519
Vanguard Explorer Fund	Mutual Fund	403,725
Vanguard FTSE Social Index Fund	Mutual Fund	26,857
Vanguard Growth Index Fund	Mutual Fund	90,039
Vanguard High Dividend Yield Index Fund	Mutual Fund	17,058
Vanguard Health Care Fund	Mutual Fund	357
Vanguard Health Care Index Admiral Fund	Mutual Fund	13,580
Vanguard Information Technology Index Fund	Mutual Fund	420,705
Vanguard International Growth Fund	Mutual Fund	1,769
Vanguard Mid-Cap Growth Index Fund	Mutual Fund	35,922
Vanguard Mid-Cap Growth Fund	Mutual Fund	3,286
Vanguard Mid-Cap Value Index Fund	Mutual Fund	562
Vanguard Mid-Cap Index Fund	Mutual Fund	4,072,286
Vanguard Real Estate Index Fund	Mutual Fund	27,359
Vanguard Short-Term Bond Index Fund	Mutual Fund	52,299
Vanguard Short-Term Treasury Fund	Mutual Fund	56,654
Vanguard Selected Value Fund	Mutual Fund	631
Vanguard Small-Cap Index Fund	Mutual Fund	1,466,483
Vanguard Small Cap Value Index Fund	Mutual Fund	3,638
Vanguard Strategic Equity Fund	Mutual Fund	4,375
Vanguard Strategic Small-Cap Equity Fund	Mutual Fund	3,730
Vanguard Target Retirement 2020 Fund	Asset Allocation Mutual Fund	203,611
Vanguard Total Bond Market Index Fund	Mutual Fund	833,305
Vanguard Total International Stock Index Fund	Mutual Fund	226,392
Vanguard Total Stock Market Index Fund	Mutual Fund	614,729
Vanguard Total World Stock Index Fund	Mutual Fund	1,175
Vanguard Value Index Fund	Mutual Fund	136,233
* Fixed Contract Account	Guaranteed Interest Contract	24,179,565
Individually Directed Accounts	Various	686,398
		186,105,910
* **Participant loans**	Interest rates from 5.25% to 6.50%, maturity dates from 2024 to 2032	89,607
	$	186,195,517

* Indicates a party in interest to the Plan.

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

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan: METHODIST HOSPITAL OF SOUTHERN CALIFORNIA RETIREMENT SAVINGS PLAN

Employer Identification Number:► 95-1643336

For plan year (beginning/ending):► 1/1/2023 - 12/31/2023 Plan number:►001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	AB DISC GR I	MUTUAL FUND		4,438.00
	AB GLBL BD I	MUTUAL FUND		642,688.00
	AB LGCAP GR I	MUTUAL FUND		18,030,903.00
	AB REL VAL I	MUTUAL FUND		420,134.00
	AB SMCAP GR ADV	MUTUAL FUND		15,246.00
	VIRTUS ALLNZGI TECH INST	MUTUAL FUND		85,036.00
	AMBCN INTL EQ R6	MUTUAL FUND		5,926.00
	AMCENT DSCPLD COR VAL I	MUTUAL FUND		8,521,518.00
	AMCENT SMCAP GR R6	MUTUAL FUND		1844854
	AMFDS AM BAL R6	MUTUAL FUND		57,622.00
	AMFDS EUROPACFC GR R6	MUTUAL FUND		25,737.00
	AMFDS GR FD AM R6	MUTUAL FUND		29,159.00
	AMFDS NEW WLD R6	MUTUAL FUND		13,187.00
	AMFDS WSHNGTN MUT INV R6	MUTUAL FUND		9,575.00
	BARON ASST INST	MUTUAL FUND		1,857.00
	BARON DISC INST	MUTUAL FUND		13,850.00
	BARON OPPR INST	MUTUAL FUND		32292
	BARON PTNRS INST	MUTUAL FUND		39,925.00
	BLKRK HI YLD BD PORT K	MUTUAL FUND		900201
	BLKRK IS RSLSMMDCAPINDX K	MUTUAL FUND		13,981.00
	BLKRK IS S P 500 INDX INST	MUTUAL FUND		22,099.00
	BLKRK IS S P 500 INDX K	MUTUAL FUND		7,968.00
	BLKRK MDCAP GR EQ INST	MUTUAL FUND		965,185.00
	BLKRK STRAT INC OPPR I	MUTUAL FUND		30,990.00
	BLKRK TTL RTN K	MUTUAL FUND		889,223.00
	COHENSTRS REALEST SEC INST	MUTUAL FUND		1,419,922.00
	COL SEL LGCAP GR INST2	MUTUAL FUND		276,664.00
	COL THRMST INST2	MUTUAL FUND		22,114.00
	DBLINE TTL RTN BD N	MUTUAL FUND		49,028.00
	DELAWARE MIDCAP GROWTH EQ FUND INST	MUTUAL FUND		12,010.00
	DFA EMRG MKT	MUTUAL FUND		20,579.00
	DFA EMRG MKT COR EQ INST	MUTUAL FUND		866,151.00
	DFA GLBL REALEST SEC INST	MUTUAL FUND		47,944.00
	DFA INFL PRTCT SEC INST	MUTUAL FUND		596,575.00
	DFA US LGCAP VAL INST	MUTUAL FUND		93,682.00
	DFA US TRGT VAL INST	MUTUAL FUND		6,791.00
	DFA WLDEXUSGOVTFXDINC INST	MUTUAL FUND		296.00
	DIAMOND HILL MDCAP I	MUTUAL FUND		575,202.00
	DODGECOX INTL STK CLASS I	MUTUAL FUND		1,154,687.00
	EVENTDE GILEAD I	MUTUAL FUND		16,407.00
	FED HRMS GOV OBLGTNS PRMR	MUTUAL FUND		566,284.00
	FID 500 INDX	MUTUAL FUND		19,024,778.00
	FID INTL INDX	MUTUAL FUND		1,218,144.00
	FID NSDQ CMPST INDX	MUTUAL FUND		98,794.00
	FID US BD INDX	MUTUAL FUND		2,188,586.00
	FIDADV BIO INST	MUTUAL FUND		36,148.00
	FIDADV GR OPPR INST	MUTUAL FUND		38,524.00
	FIDADV UTIL I	MUTUAL FUND		41,066.00
	FNKLN DYNATECH ADV	MUTUAL FUND		34,463.00
	FNKLN GOLD PREC MTLS ADV	MUTUAL FUND		4,451.00
	FNKLNTMP GLBL BD R6	MUTUAL FUND		178.00
	GDMNSCS GQGPTNRINTLOPPR R6	MUTUAL FUND		1,174,462.00
	GUGHM FLOTNG RT STRAT INST	MUTUAL FUND		409.00
	GUGHM TTL RTN BD INST	MUTUAL FUND		3,556,853.00
	HARBOR INTL GR INST	MUTUAL FUND		28,096.00
	HRTFRD COR EQ R6	MUTUAL FUND		20,448.00
	INVSCO EQ WGT S P 500 Y	MUTUAL FUND		16,586.00
	INVSCO INTL DIVRS Y	MUTUAL FUND		90,861.00
	INVSCO OPP INTL GR Y	MUTUAL FUND		2,640.00
	JNSHNDRSN GLBLTECH INNOV N	MUTUAL FUND		39,790.00
	JNSHNDRSN TRITON N	MUTUAL FUND		64,639.00
	JPM EMRG MKT EQ R6	MUTUAL FUND		803,127.00
	JPM EQ INC R5	MUTUAL FUND		957,165.00
	JPM HDG EQ R6	MUTUAL FUND		432,945.00
	JPM LGCAP GR R6	MUTUAL FUND		1,082,567.00
	JPM SMCAP GR R6	MUTUAL FUND		7,675.00
	JPM SMCAP VAL R6	MUTUAL FUND		59,240.00
	LEGGM BW GLBL OPPR BD INST	MUTUAL FUND		506,730.00
	LEGGM CLRBRDG INTL GR I	MUTUAL FUND		4,253,306.00
	LEGGM WSTRAS COR BD I	MUTUAL FUND		35,039.00
	LEGGM WSTRAS CORPLSBD IS	MUTUAL FUND		602.00
	LRDABT FLOTNG RT R5	MUTUAL FUND		9,825.00
	LRDABT TTL RTN R5	MUTUAL FUND		312,212.00
	MFS MDCAP GR R6	MUTUAL FUND		544,489.00
	MS INSIGHT I	MUTUAL FUND		34,865.00
	MSIF DISC I	MUTUAL FUND		84,347.00
	MSIF GLBL OPPR I	MUTUAL FUND		10,919.00
	MSIF INCPTN I	MUTUAL FUND		10,310.00
	MSIF INST GR I	MUTUAL FUND		67,189.00

	NUVN HI YLD INC I	MUTUAL FUND		248.00
	NW LOOMIS ALLCAP GR R6	MUTUAL FUND		1,165,496.00
	NW NYSE ARCTCH100INDX R6	MUTUAL FUND		42,069.00
	OKMRK FD I	MUTUAL FUND		8,189.00
	PARNASSUS VALUE EQUITY FUND INST SH	MUTUAL FUND		28,268.00
	PGIM HI YLD R6	MUTUAL FUND		2,605,590.00
	PGIM TTL RTN BD R6	MUTUAL FUND		1,526,441.00
	PIMCO EMRGMKTLCLCRNBD INST	MUTUAL FUND		13,958.00
	PIMCO INC INST	MUTUAL FUND		36,508.00
	PIMCO RAE PLUS INST	MUTUAL FUND		5,621.00
	PIMCO REAL RTN INST	MUTUAL FUND		1,099,505.00
	PIMCO STK PLUS SM INST	MUTUAL FUND		574.00
	PIMCO STKPLUS TTL RTN INST	MUTUAL FUND		757.00
	PIMCO TTL RTN INST	MUTUAL FUND		49,152.00
	PIMCOCOMDYREALRTNSTRATINST	MUTUAL FUND		476,972.00
	PIONR SEL MDCAP GR Y	MUTUAL FUND		68,147.00
	PRNCPL GLBL REALEST R6	MUTUAL FUND		669,075.00
	PRNCPL REALEST SEC INST	MUTUAL FUND		8,574.00
	TROWEPR BLUE CHIP GR	MUTUAL FUND		2,736.00
	TROWEPR COMM TECH	MUTUAL FUND		29,875.00
	TROWEPR EQ INC	MUTUAL FUND		20,715.00
	TROWEPR GR STK I	MUTUAL FUND		9,104.00
	TROWEPR NEW AM GR FD	MUTUAL FUND		1,731.00
	TROWEPR SCNC TECH	MUTUAL FUND		34,137.00
	TROWEPR US EQ RSRCH	MUTUAL FUND		20,518.00
	VNGRD 500 INDEX FD AS	MUTUAL FUND		1,195,729.00
	VNGRD BAL INDX ADML	MUTUAL FUND		3,157.00
	VNGRD DEVL MKT INDX ADML	MUTUAL FUND		803,928.00
	VNGRD EMRG MKT STKINDXADML	MUTUAL FUND		1,303.00
	VNGRD ENRGY INDX ADML	MUTUAL FUND		4,398.00
	VNGRD EURO STK INDX ADML	MUTUAL FUND		4,519.00
	VNGRD EXPLR ADML	MUTUAL FUND		403,725.00
	VNGRD FTSE SOC INDX ADML	MUTUAL FUND		26,857.00
	VNGRD GR INDX ADML	MUTUAL FUND		90,039.00
	VNGRD HIDIVD YLD INDX ADML	MUTUAL FUND		17,058.00
	VNGRD HLTH CARE ADML	MUTUAL FUND		357.00
	VNGRD HLTH CARE INDX ADML	MUTUAL FUND		13,580.00
	VNGRD INFO TECH INDX ADML	MUTUAL FUND		420,705.00
	VNGRD INTL GR ADML	MUTUAL FUND		1,769.00
	VNGRD MDCAP GR INDX ADML	MUTUAL FUND		35,922.00
	VNGRD MDCAP GR INV	MUTUAL FUND		3,286.00
	VNGRD MDCAP VAL INDX ADML	MUTUAL FUND		562.00
	VNGRD MID-CAP IDX FD AS	MUTUAL FUND		4,072,286.00
	VNGRD REALEST INDX ADML	MUTUAL FUND		27,359.00
	VNGRD SEL VAL INV	MUTUAL FUND		631.00
	VNGRD SM CAP INDX FD AS	MUTUAL FUND		1,466,483.00
	VNGRD SMCAP VAL INDX ADML	MUTUAL FUND		3,638.00
	VNGRD ST BD INDX ADML	MUTUAL FUND		52,299.00
	VNGRD ST TRSRY ADML	MUTUAL FUND		56,654.00
	VNGRD STRAT EQ INV	MUTUAL FUND		4,375.00
	VNGRD STRAT SMCAP EQ INV	MUTUAL FUND		3,730.00
	VNGRD TRGT RTRMT 2050 INV	MUTUAL FUND		203,611.00
	VNGRD TTL BND MKT LDX ADM	MUTUAL FUND		833,305.00
	VNGRD TTL INTLSTKINDX ADML	MUTUAL FUND		226,392.00
	VNGRD TTL STMKT INDX FD AS	MUTUAL FUND		614,729.00
	VNGRD TTL WLDSTK INDX ADML	MUTUAL FUND		1,175.00
	VNGRD VAL INDX ADML	MUTUAL FUND		136,233.00
	AS DISC INST	MUTUAL FUND		52,548.00
	AS GR INST	MUTUAL FUND		686.00
	AMBCN INTL EQ R5	MUTUAL FUND		29,460.00
	AVNTS US SMCAP VAL INST	MUTUAL FUND		315,665.00
	BLKRK LFPATH INDX 2025 K	MUTUAL FUND		11,384,109.00
	BLKRK LFPATH INDX 2030 K	MUTUAL FUND		10,564,443.00
	BLKRK LFPATH INDX 2035 K	MUTUAL FUND		9,154,698.00
	BLKRK LFPATH INDX 2040 K	MUTUAL FUND		7,830,828.00
	BLKRK LFPATH INDX 2045 K	MUTUAL FUND		5,094,294.00
	BLKRK LFPATH INDX 2050 K	MUTUAL FUND		5,894,619.00
	BLKRK LFPATH INDX 2055 K	MUTUAL FUND		1,816,164.00
	BLKRK LFPATH INDX RTRM K	MUTUAL FUND		10,711,754.00
	BLKRK LFPATH INDX 2060 K	MUTUAL FUND		742,553.00
	BLKRK LFPATH INDX 2065 K	MUTUAL FUND		81,061.00
	VIC SYC ESTBLSHD VAL I	MUTUAL FUND		842,815.00
	SELF DIRECTED BROKERAGE ACCOUNT	MUTUAL FUND		686,398.00
	AVNTS US LGCAP VAL INST	MUTUAL FUND		1,060,294.00
	INVSCO REALEST Y	MUTUAL FUND		11,582.00
	AM BCN MAN LG CAP VAL FUND - INVEST	MUTUAL FUND		6,102.00
	MFS NEW DISC VAL R6	MUTUAL FUND		1,749,735.00
	PRUDNTL GLBL REALEST Z	MUTUAL FUND		722.00
	PRUDNTL JNISN GR Z	MUTUAL FUND		1,662.00
	BEST OF AMERICA-FIXED	UNALLOCATED INVESTMENTS		24,179,565.00
	PARTICIPANT LOANS	LOW- HIGH INTERST RATE 5.25% - 6.25%		89,607.00