

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 05/01/1976
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) DAMERON HOSPITAL ASSOCIATION 525 W. ACACIA STREET STOCKTON, CA 95203	2b	Employer Identification Number (EIN) 94-1201197
		2c	Plan Sponsor's telephone number 209-242-7006
		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.	08/12/2025	SANJEEV KUMAR
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1113
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 558 6a(2) 585 6b 0 6c 544 6d 1129 6e 0 6f 1129 6g 837 6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2R 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 3 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197	

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

(a) Name of insurance carrier THE VARIABLE ANNUITY LIFE INSURANCE CO.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	49101	251	04/01/2022	03/31/2023

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 6130	(b) Total amount of fees paid 0
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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 CLEEK, JEFFERY A 2929 ALLEN PARKWAY HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2986			3

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

ROY, TOMMY 2929 ALLEN PARKWAY HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2018			3

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

ZHONG, CHRISTINE W.

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
690			3

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

CREECH, JOHN D

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
212			3

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

BAIRD, JOSHUA

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75			3

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

SEIDLER, SPENCER E

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65			3

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

LA MARCA, VINCENT

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36			3

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

FREEMAN, CARNELL A

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

HILBIG, DAVID W

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

JOPSON, VICTORIA

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

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

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

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

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	11798215
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	11917844

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	12301606
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c	Additions: (1) Contributions deposited during the year	7c(1)	169576	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	367149	
	(4) Transferred from separate account.....	7c(4)	353925	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions.....	7c(6)	890650
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	13192256
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1090448
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	290522
(4) Other (specify below)	7e(4)	13070

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions.....	7e(5)	1394040
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	11798216
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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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197	

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

(a) Name of insurance carrier THE VARIABLE ANNUITY LIFE INSURANCE CO.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	49101	164	04/01/2022	03/31/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end.....	4	696416
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 ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	679878
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c	Additions: (1) Contributions deposited during the year	7c(1)	54416	
	(2) Dividends and credits	7c(2)	0	
	(3) Interest credited during the year	7c(3)	13414	
	(4) Transferred from separate account	7c(4)	2801	
	(5) Other (specify below)	7c(5)	2561	
	▶ OTHER			

(6) Total additions	7c(6)	73192
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	753070
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	34876	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	21777	
(4) Other (specify below)	7e(4)	0	
▶ CONTRACT SURRENDER CHARGES			

(5) Total deductions	7e(5)	56653
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	696417
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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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197	

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

(a) Name of insurance carrier NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-3044743	91596	0000	127	04/01/2022	03/31/2023

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		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end..... **4** 5189086**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 5604592**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 5604592**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 415506
▶ INVESTMENT LOSS(5) Total deductions **7e(5)** 415506**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 5189086

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

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

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197	

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
VALIC RETIRMENT SERVICES COMPANY
51-0396365

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO.
74-1625348

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

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--

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(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)

VARIABLE ANNUITY LIFE INSURANCE

74-1625348

(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?
19 28 29 33 37 49 50 52 59 60 63 64 66 72 99	NONE	48982	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES CO.

51-0396365

(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?
19 28 29 33 37 49 50 52 59 60 63 64 66 72 99	NONE	9227	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NEW YORK LIFE INSURANCE & ANNUITY

13-3044743

(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?
10 14 18 22 26 11 15 19 23 27 12 16 20 24 28	NONE	8183	Yes ☒ No ☐	Yes ☒ No ☐	0	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
NEW YORK LIFE & ANNUITY CORP 51 MADISON AVENUE NEW YORK, NY 10010 13-3044743		DIRECT AND INDIRECT COMPENSATION
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b style="font-size: 1.2em;">SCHEDULE H <b style="font-size: 1.1em;">(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<b style="font-size: 1.2em;">Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <b style="font-size: 1.2em;">2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023						
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> B Three-digit plan number (PN) ► </td> <td style="width: 20%; padding: 5px; text-align: center; color: blue;">002</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	002		
B Three-digit plan number (PN) ►	002					
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION	D Employer Identification Number (EIN) 94-1201197					

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	208325879069
(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)	6119999755130424
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	1877877816487452
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	80187100	72496945

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	80187100	72496945
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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)	911539	
(B) Participants	2a(1)(B)	1851323	
(C) Others (including rollovers)	2a(1)(C)	109270	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2872132
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	27905	
(F) Other	2b(1)(F)	401664	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		429569
(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)	491246	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		491246
(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)		-5075910
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1282963
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6340800	
(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)		6340800
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	58209	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8183	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		66392
j Total expenses. Add all expense amounts in column (b) and enter total	2j		6407192
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-7690155
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **JWT & ASSOCIATES, LLP**

(2) EIN: **47-2718509**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023		
A Name of plan DAMERON HOSPITAL ASSOCIATION 403(B) RETIREMENT PLAN		B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 DAMERON HOSPITAL ASSOCIATION		D Employer Identification Number (EIN) 94-1201197
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): 74-1625348 13-3044743 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

Audited Financial Statements
and Supplemental Information

Dameron Hospital Association 403(b) Retirement

March 31, 2023

JWT & Associates, LLP
Advisory Assurance Tax

Dameron Hospital Association 403(b) Retirement Plan

Audited Financial Statements

March 31, 2023

Report of Independent Auditors.....	1
Audited Financial Statements	
Statements of Net Assets Available for Plan Benefits	5
Statements of Changes in Net Assets Available for Plan Benefits	6
Notes to Financial Statements.....	7
Supplemental Schedule:	
Schedule of Assets (Held at End of Year)	15

JWT & Associates, LLP

Advisory Assurance Tax

1111 E. Herndon Avenue, Suite 211, Fresno, CA 93720

Voice: (559) 431-7708 Fax: (559) 431-7685

Independent Auditor's Report

To the Plan Administration Committee
Dameron Hospital Association 403(b) Retirement Plan
Stockton, California

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

We have performed an audit of the accompanying financial statements of Dameron Hospital Association 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of March 31, 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended March 31, 2023 and 2022, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying 2023 financial statements of Dameron Hospital Association 403(b) Retirement Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2023 financial statements.

Basis for Disclaimer of Opinion

Dameron Hospital Association 403(b) Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 10 to the financial statements, the Dameron Hospital Association 403(b) Retirement Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable.

Accounting principles generally accepted in the United States of America (GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of March 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2023 financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not express an opinion on the supplemental schedule.

Auditor's Report on the 2022 Financial Statements

A different auditor was engaged to audit the 2022 financial statements of Dameron Hospital Association 403(b) Retirement Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed them not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Further, Dameron Hospital Association 403(b) Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, they were unable to apply auditing procedures sufficient to determine the extent to which the accompanying 2022 financial statements may have been affected by these conditions.

Dameron Hospital Association 403(b) Retirement Plan has excluded from the 2022 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded from the 2022 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. GAAP requires that these accounts and the related income and distributions be included in the 2022 financial statements.

In their report dated March 12, 2025, they indicated that because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and accordingly, we did not express an opinion on the 2022 financial statements.

JWT & Associates, LLP
Fresno, California
August 6, 2025

Dameron Hospital Association 403(b) Retirement Plan

Statement of Net Assets Available for Plan Benefits

March 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments, at fair value		
Registered investment companies	\$ 55,130,424	\$ 61,199,997
Guaranteed investment contract, at contract value	16,487,452	18,778,778
Total investments	<u>71,617,876</u>	<u>79,978,775</u>
Receivables		
Notes receivable from participants	879,069	208,325
Total receivables	<u>879,069</u>	<u>208,325</u>
Total assets	<u>72,496,945</u>	<u>80,187,100</u>
Net assets available for plan benefits	<u>\$ 72,496,945</u>	<u>\$ 80,187,100</u>

See accompanying notes to the financial statements

Dameron Hospital Association 403(b) Retirement Plan

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended March 31, 2023

Additions

Investment income

Net realized and unrealized loss on investments \$ (5,075,910)

Interest and dividend income 892,910

Net investment income (4,183,000)

Interest income from participant loans 27,905

Contributions

Employer contributions 911,539

Participant contributions 1,851,323

Participant rollover contributions 109,270

Total contributions 2,872,132

Total additions (1,282,963)

Deductions

Distributions to participants 6,340,800

Administrative and investment management expenses 66,392

Total deductions 6,407,192

Net change for the year (7,690,155)

Net assets available for plan benefits at beginning of year 80,187,100

Net assets available for plan benefits at end of year \$ 72,496,945

See accompanying notes to the financial statements

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Dameron Hospital Association 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement, as amended, for a more complete description of Plan provisions.

General: The Plan is a 403(b) defined contribution plan covering the employees of Dameron Hospital Association (the Organization) and is subject to the provisions of the Employee Retirement Income Security Act (ERISA). The Organization is the Plan's sponsor which also serves as plan administrator.

The Plan was initially adopted by the Organization on May 2, 1976, and was last amended and restated effective April 1, 2020.

Eligibility: Employees of the Organization, with the exception of leased employees, are eligible to make salary deferral contributions to the Plan. There is no minimum age or service requirement to participate in the Plan.

Employees must complete two years of service, as defined, to be eligible for employer contributions. An employee must work at least 1,000 hours for a year of service. Per diem and defined employees who waive participation in the Plan and leased employees are ineligible for employer contributions.

Contributions: Contributions to the Plan are made through employee deferrals on earned compensation as defined in the Plan and in the collective bargaining agreements. Participants may contribute on a tax-deferred basis up to the annual limitations as prescribed by the Internal Revenue Service (IRS). Participants may also contribute amounts representing qualified distributions from other 403(b) plans, and at the discretion of the Organization, from other qualified plans.

Employer contributions are matched at rates ranging from 5% to 6%, depending on employee classification, some of which are under specified collectively bargained labor agreements. For employees who direct their contributions to multiple custodians for investment, the match is limited to deferrals to only one custodian. Such employees must elect which deferral will be matched.

Participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. Investment options currently include variable annuity insurance investment contracts through two different insurance companies: The Variable Annuity Life Insurance Company (VALIC) and New York Life Insurance and Annuity Corporation (NYL). Participants can also direct their investments directly into shares of registered investment company funds (mutual funds) through the VALIC contract. VALIC Trust Company (VTC) is the custodian for the VALIC mutual funds and certifies those investments.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of: (a) the employer contribution, (b) plan earnings or losses, and (c) plan administrative expenses. Allocations of plan earnings or losses and plan administrative expenses are based on participant account balances, as defined. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are 100% vested immediately in their salary deferrals and employer contributions plus actual earnings thereon.

Payment of Benefits: On termination of service, death, disability, retirement, or other reasons, a participant will receive the value of the participant's vested account balance as a qualified joint and survivor annuity, or the participant may elect other payment options provided under their insurance contract. Participants may request withdrawal from their vested account balances without penalty for financial hardship, as defined, or after attaining the age of 59½ years.

Loan collateral: Participants may borrow funds directly from the insurance companies. These loans are directly between the insurance companies and the participants and are not included on the statements of net assets. The loans are collateralized by a portion of the participant's fixed account in an amount equal to a percentage of the outstanding balance of the loan. The total amounts in the fixed accounts collateralizing active loans with VALIC and NYL totaled \$146,533 and \$743,609, respectively, as of March 31, 2022, and \$174,801 and \$808,225, respectively, as of March 31, 2021.

Notes receivable from participants: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are issued by the Plan and secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed fifteen years. Under the terms of the Plan Agreement, plan loans will bear a reasonable rate of interest determined by the plan administrator. As of March 31, 2022, the rates of interest on outstanding loans ranged from 4.25% to 8.50% with various maturities through February 2034.

Rollovers and transfers: Rollovers represent account balances of participants from other qualified plans that are deposited into the Plan that meet tax rollover criteria. Transfers during the year ended March 31, 2023 include amounts transferred from other 403(b) plans or qualified plans. Rollovers totaled \$109,270 during the year ended March 31, 2023.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and the changes in those net assets.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that may affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation: The investments are reported at fair value. The Plan's custodians, VALIC, VTC and NYL, certify the fair value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Income recognition: Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net depreciation in fair value of investments consists of both the realized gains and losses and unrealized appreciation and depreciation of those investments.

Notes receivable from participants: Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Agreement. No allowance for credit losses has been recorded as of March 31, 2023 or 2022.

Payment of Benefits: Generally, benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent events: Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

The Plan has evaluated subsequent events through August 6, 2025, which is the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures* (ASC 820) provides a framework for measuring fair value under U.S. generally accepted accounting principles. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The following provides a general description of the three levels of inputs that may be used to measure fair value under ASC 820:

Level 1 - Inputs to the valuation methodology are based on quoted prices available in active markets for identical assets or liabilities on the reporting date.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology include significant inputs that are generally unobservable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value including assumptions regarding risk. Level 3 instruments include those that may be more structured or otherwise tailored to the Plan's needs.

As required by ASC 820, financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies (mutual funds and money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Separate accounts – Investments in the separate accounts are represented by units of interest issued by the insurance companies' separate accounts. The separate accounts invest assets in shares of various portfolios divided into investment divisions. The separate accounts are valued by the insurance companies at the NAV practical expedient, based on the NAV per unit of the underlying investments, which are then adjusted for dividends and separate account fees (representing mortality and expense risk fee and administrative charges). The separate accounts are not presented in the fair value hierarchy table as they are measured at the NAV practical expedient.

The Organization's financial management determines the fair value measurement policies and procedures. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other information.

The insurance companies set various credited interest rates under the fixed accounts, generally reset from quarterly to a policy anniversary date. The fixed accounts have different minimum guaranteed interest rates depending on when the contract was opened, generally ranging from 2% to 3%. The annuity contracts contain defined surrender charges based on the years to surrender date, and certain minimum and maximum limitations on withdrawals or transfers among the fixed and separate accounts.

The investment strategies vary for each separate account fund and are available through published prospectuses of the insurance companies. Redemption notice periods and limitations on redemption frequency vary depending on the insurance contract product and amounts, generally to prevent short-term trading. Additional limitations on redemption frequency apply when trading between the fixed and variable accounts, generally within a 90-day period. Different frequency limitations apply to transfers during an individual's payout annuity period.

The valuation methods used by the Plan 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.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

The following tables disclose the fair value hierarchy of the Plan's assets by level:

2023				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 7,528,920	\$47,601,504	\$ -	\$ 55,130,424
Investments at fair value	<u>\$ 7,528,920</u>	<u>\$47,601,504</u>	<u>\$ -</u>	<u>\$ 55,130,424</u>
2022				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 7,880,285	\$53,319,712	\$ -	\$ 61,199,997
Investments at fair value	<u>\$ 7,880,285</u>	<u>\$53,319,712</u>	<u>\$ -</u>	<u>\$ 61,199,997</u>

NOTE 4 – GUARANTEED INVESTMENT CONTRACT

The Plan has fully benefit-responsive guaranteed investment contracts (FBRIC) with VALIC and NYL. VALIC and NYL maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than the rate established each period; the rate ranged from 1.00% to 2.75% as of March 31, 2023. The crediting rate is reviewed on a semiannual basis for resetting. The FBRIC does not permit VALIC or NYL to terminate the agreement prior to the scheduled maturity date.

The contract meets the FBRIC criteria and, therefore, is reported at contract value. Contract value is the relevant measure for FBRICs because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VALIC and NYL, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations, which may be affected by future economic and regulatory developments.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 4 – GUARANTEED INVESTMENT CONTRACT (continued)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the Plan's ability to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE 5 – TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for participants under Section 403(b).

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 - 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. 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 statement of net assets available for benefits.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 7 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at March 31, 2023 and 2022, net appreciation or depreciation in fair value of investments, and interest and dividend income for the year then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by VALIC, VTC and NYL, the trustees of the Plan.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments include an insurance interest account and registered investment company accounts managed by VALIC, VTC and NYL. As VALIC, VTC and NYL are the custodians of the Plan, transactions between the Plan and VALIC, VTC and NYL qualify as exempt party-in-interest transactions.

NOTE 9 - PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their employer contributions.

NOTE 10 – BEGINNING BALANCES

The Plan's accounting records were not sufficient to support audit testing of the participant account balances and transactions prior to April 1, 2009. The participant and summary level detail were not readily available for years prior to April 1, 2009.

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2023

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fixed Acct 1yr	Guaranteed Insurance Contract	N/A	4,433,695
	MainStay VP U.S. Government Money Market	Pooled Separate Account	N/A	223,491
	MainStay VP Government Svc	Pooled Separate Account	N/A	420,885
	MainStay VP Wellington Growth	Pooled Separate Account	N/A	222,643
	MainStay VP S&P 500 Index Svc	Pooled Separate Account	N/A	1,212,353
	MainStay VP Income Builder Svc	Pooled Separate Account	N/A	730,326
	MainStay VP Bond Svc	Pooled Separate Account	N/A	329,624
	MainStay VP Wellington U.S. Equity Svc	Pooled Separate Account	N/A	994,630
	MainStay VP International Equity Svc	Pooled Separate Account	N/A	352,940
	MainStay VP High Yield Corporate Bond Svc	Pooled Separate Account	N/A	167,581
	Fidelity VIP Equity-Income Service 2	Pooled Separate Account	N/A	1,014,753
	Fidelity VIP Contra Service 2	Pooled Separate Account	N/A	1,219,847
	Janus Henderson Global Research Portfolio Svc	Pooled Separate Account	N/A	210,421
	MainStay VP Convertible Svc	Pooled Separate Account	N/A	1,354,018
	MainStay VP Epoch U.S. Equity Yield Portfolio Svc	Pooled Separate Account	N/A	1,514,572
	MainStay VP Winslow Large Cap Growth Svc	Pooled Separate Account	N/A	553,515
	MFS Investors Trust Series Svc	Pooled Separate Account	N/A	82,278
	MFS Research Series Svc	Pooled Separate Account	N/A	68,528
	MainStay VP Wellington Mid Cap Core Svc	Pooled Separate Account	N/A	328,604
	BNY Mellon IP Technology Growth Svc	Pooled Separate Account	N/A	289,145
	Fidelity VIP Mid Cap Service 2	Pooled Separate Account	N/A	1,123,660
	Neuberger Berman AMT Mid-Cap Growth Class S	Pooled Separate Account	N/A	46,560
	MainStay VP Floating Rate Svc	Pooled Separate Account	N/A	12,002
	MainStay VP Balanced Svc	Pooled Separate Account	N/A	1,237,382
	MainStay VP Conservative Allocation Svc	Pooled Separate Account	N/A	645,940
	MainStay VP Moderate Allocation Svc	Pooled Separate Account	N/A	5,363,230
	MainStay VP Growth Allocation Svc	Pooled Separate Account	N/A	759,689
	MainStay VP Equity Allocation Svc	Pooled Separate Account	N/A	222,283
	Invesco V.I. International Growth - Series II	Pooled Separate Account	N/A	71,991
	MainStay VP MacKay Strategic Bond Svc	Pooled Separate Account	N/A	464,383
	BlackRock Global Allocation V.I. III	Pooled Separate Account	N/A	1,901,226
	MainStay VP Natural Resources	Pooled Separate Account	N/A	2,178,007
	MainStay VP Janus Henderson Balanced Svc	Pooled Separate Account	N/A	207,184
	MainStay VP Fidelity Institutional AM Utilities - Service Class	Pooled Separate Account	N/A	4,456,691
	MainStay VP American Century Sustainable Equity	Pooled Separate Account	N/A	662,139
	MainStay VP PIMCO Real Return Svc	Pooled Separate Account	N/A	170,277
	MainStay VP Emerging Markets Equity Portfolio	Pooled Separate Account	N/A	1,044,476
	MainStay VP Small Cap Growth Svc	Pooled Separate Account	N/A	1,013,317
	MainStay VP Janus Henderson Balanced Svc	Pooled Separate Account	N/A	158,783
	MainStay VP Small Cap Growth Svc	Pooled Separate Account	N/A	38,154
	Morgan Stanley VIF U.S. Real Estate Class II	Pooled Separate Account	N/A	31,722
	PIMCO VIT Int'l Bond Portfolio	Pooled Separate Account	N/A	91,939
	American Funds IS New World - Class 4	Pooled Separate Account	N/A	52,223
	BlackRock High Yield V.I. Fund - Class III	Pooled Separate Account	N/A	21,139
	American Funds IS Global Small Cap - Class 4	Pooled Separate Account	N/A	12,794
	MainStay VP CBRE Global Infrastructure	Pooled Separate Account	N/A	3,821
	Columbia VP - Emerging Markets Bond	Pooled Separate Account	N/A	27,091
	PIMCO VIT Low Duration	Pooled Separate Account	N/A	142,042
	DWS Alternative Asset Allocation VIP	Pooled Separate Account	N/A	73,933
	MainStay VP Wellington Small Cap Core Svc	Pooled Separate Account	N/A	665,729
	ClearBridge Variable Appreciation	Pooled Separate Account	N/A	4,358
	American Funds IS Growth Fund	Pooled Separate Account	N/A	4,190
	AmerFunds IS Washington Mutual Inv Fund	Pooled Separate Account	N/A	198,504
	Fidelity VIP Emerging Markets Service 2	Pooled Separate Account	N/A	133,115
	MainStay VP IQ Multi Strategy	Pooled Separate Account	N/A	169,549
	Fidelity VIP International Index - Service 2	Pooled Separate Account	N/A	1,194

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2023

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity VIP Health Care Portfolio - Svc 2	Pooled Separate Account	N/A	42,952
	Invesco V.I. Main Street Small Cap Fund	Pooled Separate Account	N/A	446
	MFS® Mid Cap Value Portfolio - Service Class	Pooled Separate Account	N/A	42,802
	PIMCO VIT Income Portfolio-Advisor Class	Pooled Separate Account	N/A	879
	Franklin Templeton Conservative Model Portfolio	Pooled Separate Account	N/A	78,668
	Franklin Templeton Mod Conserv Model Portfolio	Pooled Separate Account	N/A	13,847
	Franklin Templeton Moderate Model Portfolio	Pooled Separate Account	N/A	347,126
	Franklin Templeton Mod Aggres Model Portfolio	Pooled Separate Account	N/A	153,848
	Franklin Templeton Aggressive Model Portfolio	Pooled Separate Account	N/A	76,041
	Fidelity VIP Bond Index Portfolio	Pooled Separate Account	N/A	95,836
	Delaware VIP Small Cap Value	Pooled Separate Account	N/A	3,655
	MFS International Intrinsic Value	Pooled Separate Account	N/A	11,525
	Fidelity VIP Growth Opportunities - Svc Class 2	Pooled Separate Account	N/A	10,964
	PIMCO VIT Total Return - Advisor Class	Pooled Separate Account	N/A	104,201
	AMER BEACON BRDWHY LRG CP GRW I	Pooled Separate Account	N/A	6,159
	ARIEL APPRECIATION FUND	Pooled Separate Account	N/A	26,845
	ARIEL FUND	Pooled Separate Account	N/A	34,481
*	ASSET ALLOCATION FUND	Pooled Separate Account	N/A	60,110
*	BLUE CHIP GROWTH FUND	Pooled Separate Account	N/A	64,391
*	CORE BOND FUND	Pooled Separate Account	N/A	759,858
*	DIVIDEND VALUE	Pooled Separate Account	N/A	56,448
*	EMERGING ECONOMIES	Pooled Separate Account	N/A	463,750
*	FIXED ACCOUNT PLUS	Guaranteed Insurance Contract	N/A	10,322,990
*	GLOBAL REAL ESTATE FUND	Pooled Separate Account	N/A	157,098
*	GLOBAL STRATEGY	Pooled Separate Account	N/A	1,977
*	GOVERNMENT SECURITIES FUND	Pooled Separate Account	N/A	67,488
*	GROWTH FUND	Pooled Separate Account	N/A	165,759
*	GS VIT GOV MONEY MKT FD INST	Pooled Separate Account	N/A	45,210
*	HIGH YIELD BOND FUND	Pooled Separate Account	N/A	307,411
*	INFLATION PROTECTED FUND	Pooled Separate Account	N/A	460,735
*	INTERNATIONAL GOVERNMENT BOND	Pooled Separate Account	N/A	10,011
*	INTERNATIONAL GROWTH FUND	Pooled Separate Account	N/A	16,134
*	INTERNATIONAL VALUE FUND	Pooled Separate Account	N/A	357,238
*	INTERNATL EQUITIES INDEX FUND	Pooled Separate Account	N/A	865,743
*	INTL OPPORTUNITIES	Pooled Separate Account	N/A	338,792
*	INTL SOCIALLY RESPONSIBLE FUND	Pooled Separate Account	N/A	290,591
*	LARGE CAPITAL GROWTH	Pooled Separate Account	N/A	158,134
*	MID CAP INDEX FUND	Pooled Separate Account	N/A	1,455,530
*	MID CAP STRATEGIC GWTH	Pooled Separate Account	N/A	152,467
*	MID CAP VALUE FUND	Pooled Separate Account	N/A	420,296
*	MODERATE GROWTH LIFESTYLE	Pooled Separate Account	N/A	8,508
*	NASDAQ-100(R) INDEX FUND	Pooled Separate Account	N/A	162,766
*	SCIENCE & TECHNOLOGY FUND	Pooled Separate Account	N/A	389,963
*	SHORT TERM FIXED ACCOUNT	Guaranteed Insurance Contract	N/A	1,475,225
*	SMALL CAP GROWTH FUND	Pooled Separate Account	N/A	232,009
*	SMALL CAP INDEX FUND	Pooled Separate Account	N/A	318,334
*	SMALL CAP SPECIAL VALUE FUND	Pooled Separate Account	N/A	2,222
*	SMALL CAP VALUE FUND	Pooled Separate Account	N/A	225,577
*	STOCK INDEX FUND	Pooled Separate Account	N/A	1,850,454
*	SYSTEMATIC CORE FUND	Pooled Separate Account	N/A	61,626
*	SYSTEMATIC VALUE	Pooled Separate Account	N/A	30,024
*	US SOCIALLY RESPONSIBLE FUND	Pooled Separate Account	N/A	523,139
	VANGUARD LONG-TERM TREASURY	Pooled Separate Account	N/A	19,121
	VANGUARD LT INV-GRADE FUND	Pooled Separate Account	N/A	5,221
	VANGUARD WELLINGTON FUND INC	Pooled Separate Account	N/A	4,521
	VANGUARD WINDSOR II	Pooled Separate Account	N/A	738,375
	AMCENT INF-ADJ BOND INV	Mutual Fund	N/A	23,688

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2023

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	AMER CENT ONE CHOICE 2025 A	Mutual Fund	N/A	7,386
	AMER CENT ONE CHOICE 2035 A	Mutual Fund	N/A	97,556
	AMER CENT ONE CHOICE 2045 A	Mutual Fund	N/A	43,457
	AMER CENT ONE CHOICE IN RET A	Mutual Fund	N/A	70,920
	AMER CENT US GOVT MMKT INV	Mutual Fund	N/A	22,229
	AMER FUNDS AMER BAL R3	Mutual Fund	N/A	518,349
	AMER FUNDS AMER MUT R3	Mutual Fund	N/A	127,188
	AMER FUNDS EUROPAC R3	Mutual Fund	N/A	89,544
	AMERICAN FNDS CP WRLD G/I R3	Mutual Fund	N/A	372,305
	BNY MELLON BOND MARKET IDX INV	Mutual Fund	N/A	114,338
	BNY MELLON INTL STOCK IDX INV	Mutual Fund	N/A	795,283
	BNY MELLON MID CAP INDEX INVES	Mutual Fund	N/A	887,933
	BNY MELLON S&P 500 INDEX	Mutual Fund	N/A	1,647,108
	BNY MELLON SML CAP STK IDX INV	Mutual Fund	N/A	796,593
	CLEARBRIDGE APPRECIATION A	Mutual Fund	N/A	99,928
*	FIXED INTEREST OPTION	Guaranteed Insurance Contract	N/A	696,416
	FRANK TEMP SMALL CAP VALUE R	Mutual Fund	N/A	122,825
	FRANKLIN HIGH INCOME A1	Mutual Fund	N/A	323,912
	JANUS HENDERSON TRITON S	Mutual Fund	N/A	123,229
	JP MORGAN MID CAP GRTH A	Mutual Fund	N/A	398,195
	MFS MASSACH INVESTOR GR STK R2	Mutual Fund	N/A	224,895
	PIMCO TOTAL RETURN FUND A	Mutual Fund	N/A	314,028
	VIRTUS CEREDEX M-CAP VAL EQ A	Mutual Fund	N/A	11,808
	VIRTUS DUFF & PHELPS RE SEC A	Mutual Fund	N/A	106,919
	Participant loans - Interest at 4.25% - 8.50%		N/A	879,069
				72,496,945

* Party-in-interest

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>04/01/2022</u> and ending <u>03/31/2023</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information			
1a Name of plan Dameron Hospital Association 403(b) Retirement Plan	1b	Three-digit plan number (PN) ▶	002
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) Dameron Hospital Association 525 W. Acacia Street Stockton CA 95203	1c	Effective date of plan	05/01/1976
	2b	Employer Identification Number (EIN)	94-1201197
	2c	Plan Sponsor's telephone number	209-242-7006
	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		8/12/2025	Sanjeev Kumar
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8/12/2025	Sanjeev Kumar
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1, 113
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	 6a(1) 558 6a(2) 585 6b 0 6c 544 6d 1, 129 6e 0 6f 1, 129 6g 837 6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2R 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 3 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023	
A Name of plan Dameron Hospital Association 403(b) Retirement Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association	D Employer Identification Number (EIN) 94-1201197

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

(a) Name of insurance carrier THE VARIABLE ANNUITY LIFE INSURANCE CO.
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	49101	251	04/01/2022	03/31/2023

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
6,130	0

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

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

CLEEK, JEFFERY A
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2,986			3

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

ROY, TOMMY
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2,018			3

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

ZHONG, CHRISTINE W.
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
690			3

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

CREECH, JOHN D
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
212			3

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

BAIRD, JOSHUA
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
75			3

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

SEIDLER, SPENCER E
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
65			3

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

LA MARCA, VINCENT
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36			3

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

FREEMAN, CARNELL A
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

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

HILBIG, DAVID W
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17			3

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

JOPSON, VICTORIA
2929 ALLEN PARKWAY

HOUSTON TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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

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

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

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

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	11,798,215
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	11,917,844

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	12,301,606
--	-----------	------------

c Additions: (1) Contributions deposited during the year	7c(1)	169,576	
	7c(2)	0	
	7c(3)	367,149	
	7c(4)	353,925	
	7c(5)	0	

(6) Total additions	7c(6)	890,650
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d Total of balance and additions (add lines 7b and 7c(6))	7d	13,192,256
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1,090,448	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account	7e(3)	290,522	
(4) Other (specify below)	7e(4)	13,070	

▶ Contract Surrender Charges

(5) Total deductions	7e(5)	1,394,040
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	11,798,216
---	-----------	------------

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023	
A Name of plan Dameron Hospital Association 403(b) Retirement Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association	D Employer Identification Number (EIN) 94-1201197

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

(a) Name of insurance carrier THE VARIABLE ANNUITY LIFE INSURANCE CO.
--

(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
74-1625348	70238	49101	164	04/01/2022	03/31/2023

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		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	696,416
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 ▶

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

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	679,878
c Additions: (1) Contributions deposited during the year	7c(1)	54,416
(2) Dividends and credits.....	7c(2)	0
(3) Interest credited during the year.....	7c(3)	13,414
(4) Transferred from separate account.....	7c(4)	2,801
(5) Other (specify below).....	7c(5)	2,561
▶Other		
(6)Total additions	7c(6)	73,192
d Total of balance and additions (add lines 7b and 7c(6))	7d	753,070
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	34,876
(2) Administration charge made by carrier.....	7e(2)	0
(3) Transferred to separate account.....	7e(3)	21,777
(4) Other (specify below).....	7e(4)	0
▶Contract Surrender Charges		
(5) Total deductions	7e(5)	56,653
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	696,417

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023	
A Name of plan Dameron Hospital Association 403(b) Retirement Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association	D Employer Identification Number (EIN) 94-1201197

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 NEW YORK LIFE INSURANCE AND ANNUITY CORPORATION
--

(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
13-3044743	91596	0000	127	04/01/2022	03/31/2023

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		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 5,189,086**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 5,604,592**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)**
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below)..... **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 5,604,592**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account..... **7e(3)**(4) Other (specify below)..... **7e(4)** 415,506

▶ INVESTMENT LOSS

(5) Total deductions **7e(5)** 415,506**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 5,189,086

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. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023		
A Name of plan Dameron Hospital Association 403(b) Retirement Plan		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association		D Employer Identification Number (EIN) 94-1201197

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
VALIC RETIRMENT SERVICES COMPANY 51-0396365

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO. 74-1625348

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

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

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

VARIABLE ANNUITY LIFE INSURANCE

74-1625348

(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?
19 49 63 28 50 64 29 52 66 33 59 72 37 60 99	None	48,982	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES CO.

51-0396365

(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?
19 49 63 28 50 64 29 52 66 33 59 72 37 60 99	None	9,227	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

NEW YORK LIFE INSURANCE & ANNUITY

13-3044743

(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?
10 11 12 14 15 16 18 19 20 22 23 24 26 27 28	None	8,183	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

(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 ☐

(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.	

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
NEW YORK LIFE & ANNUITY CORP 13-3044743 51 MADISON AVENUE NEW YORK NY 10010		DIRECT AND INDIRECT COMPENSATION
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 03/31/2023		
A Name of plan Dameron Hospital Association 403(b) Retirement Plan	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association	D Employer Identification Number (EIN) 94-1201197	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	208,325
(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)	61,199,997
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	18,778,778
(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	80,187,100	72,496,945

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	80,187,100	72,496,945
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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)	911,539	
(B) Participants	2a(1)(B)	1,851,323	
(C) Others (including rollovers).....	2a(1)(C)	109,270	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		2,872,132
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	27,905	
(F) Other	2b(1)(F)	401,664	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		429,569
(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)	491,246	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		491,246
(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)		-5,075,910
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-1,282,963
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	6,340,800	
(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)		6,340,800
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	58,209	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	8,183	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		66,392
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6,407,192
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-7,690,155
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **JWT & Associates, LLP**

(2) EIN: **47-2718509**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500,000
4e	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2022 This Form is Open to Public Inspection.			
For calendar plan year 2022 or fiscal plan year beginning		04/01/2022		and ending		03/31/2023	
A Name of plan Dameron Hospital Association 403(b) Retirement Plan				B Three-digit plan number (PN) 002			
C Plan sponsor's name as shown on line 2a of Form 5500 Dameron Hospital Association				D Employer Identification Number (EIN) 94-1201197			
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): 74-1625348 13-3044743 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)? If the plan is a defined benefit plan, go to line 8.				☐ Yes ☐ No ☐ N/A			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.							
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a			
b Enter the amount contributed by the employer to the plan for this plan year				6b			
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c			
If you completed line 6c, skip lines 8 and 9.							
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....				☐ Yes ☐ No ☐ N/A			
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?				☐ Yes ☐ No ☐ N/A			
Part III		Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No							
Part IV		ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?				☐ Yes ☐ No			
11 a Does the ESOP hold any preferred stock?				☐ Yes ☐ No			
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)				☐ Yes ☐ No			
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?				☐ Yes ☐ No			
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.						Schedule R (Form 5500) 2022 v. 220413	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

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

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

Audited Financial Statements
and Supplemental Information

Dameron Hospital Association 403(b) Retirement

March 31, 2023

JWT & Associates, LLP
Advisory Assurance Tax

Dameron Hospital Association 403(b) Retirement Plan

Audited Financial Statements

March 31, 2023

Report of Independent Auditors.....	1
Audited Financial Statements	
Statements of Net Assets Available for Plan Benefits	5
Statements of Changes in Net Assets Available for Plan Benefits	6
Notes to Financial Statements.....	7
Supplemental Schedule:	
Schedule of Assets (Held at End of Year)	15

JWT & Associates, LLP

Advisory Assurance Tax

1111 E. Herndon Avenue, Suite 211, Fresno, CA 93720

Voice: (559) 431-7708 Fax: (559) 431-7685

Independent Auditor's Report

To the Plan Administration Committee
Dameron Hospital Association 403(b) Retirement Plan
Stockton, California

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

We have performed an audit of the accompanying financial statements of Dameron Hospital Association 403(b) Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of March 31, 2023, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended March 31, 2023 and 2022, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying 2023 financial statements of Dameron Hospital Association 403(b) Retirement Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2023 financial statements.

Basis for Disclaimer of Opinion

Dameron Hospital Association 403(b) Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Further, as described in Note 10 to the financial statements, the Dameron Hospital Association 403(b) Retirement Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not reasonably determinable.

Accounting principles generally accepted in the United States of America (GAAP) require that these accounts and the related income and distributions be included in the accompanying financial statements.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of March 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the 2023 financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to, and we do not express an opinion on the supplemental schedule.

Auditor's Report on the 2022 Financial Statements

A different auditor was engaged to audit the 2022 financial statements of Dameron Hospital Association 403(b) Retirement Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed them not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Further, Dameron Hospital Association 403(b) Retirement Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, they were unable to apply auditing procedures sufficient to determine the extent to which the accompanying 2022 financial statements may have been affected by these conditions.

Dameron Hospital Association 403(b) Retirement Plan has excluded from the 2022 financial statements certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded from the 2022 financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income and distributions are not determinable. GAAP requires that these accounts and the related income and distributions be included in the 2022 financial statements.

In their report dated March 12, 2025, they indicated that because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and accordingly, we did not express an opinion on the 2022 financial statements.

JWT & Associates, LLP
Fresno, California
August 6, 2025

Dameron Hospital Association 403(b) Retirement Plan

Statement of Net Assets Available for Plan Benefits

March 31, 2023 and 2022

	<u>2023</u>	<u>2022</u>
Assets		
Investments, at fair value		
Registered investment companies	\$ 55,130,424	\$ 61,199,997
Guaranteed investment contract, at contract value	16,487,452	18,778,778
Total investments	<u>71,617,876</u>	<u>79,978,775</u>
Receivables		
Notes receivable from participants	879,069	208,325
Total receivables	<u>879,069</u>	<u>208,325</u>
Total assets	<u>72,496,945</u>	<u>80,187,100</u>
Net assets available for plan benefits	<u>\$ 72,496,945</u>	<u>\$ 80,187,100</u>

See accompanying notes to the financial statements

Dameron Hospital Association 403(b) Retirement Plan

Statement of Changes in Net Assets Available for Plan Benefits

Year Ended March 31, 2023

Additions

Investment income

Net realized and unrealized loss on investments \$ (5,075,910)

Interest and dividend income 892,910

Net investment income (4,183,000)

Interest income from participant loans 27,905

Contributions

Employer contributions 911,539

Participant contributions 1,851,323

Participant rollover contributions 109,270

Total contributions 2,872,132

Total additions (1,282,963)

Deductions

Distributions to participants 6,340,800

Administrative and investment management expenses 66,392

Total deductions 6,407,192

Net change for the year (7,690,155)

Net assets available for plan benefits at beginning of year 80,187,100

Net assets available for plan benefits at end of year \$ 72,496,945

See accompanying notes to the financial statements

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of Dameron Hospital Association 403(b) Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan Agreement, as amended, for a more complete description of Plan provisions.

General: The Plan is a 403(b) defined contribution plan covering the employees of Dameron Hospital Association (the Organization) and is subject to the provisions of the Employee Retirement Income Security Act (ERISA). The Organization is the Plan's sponsor which also serves as plan administrator.

The Plan was initially adopted by the Organization on May 2, 1976, and was last amended and restated effective April 1, 2020.

Eligibility: Employees of the Organization, with the exception of leased employees, are eligible to make salary deferral contributions to the Plan. There is no minimum age or service requirement to participate in the Plan.

Employees must complete two years of service, as defined, to be eligible for employer contributions. An employee must work at least 1,000 hours for a year of service. Per diem and defined employees who waive participation in the Plan and leased employees are ineligible for employer contributions.

Contributions: Contributions to the Plan are made through employee deferrals on earned compensation as defined in the Plan and in the collective bargaining agreements. Participants may contribute on a tax-deferred basis up to the annual limitations as prescribed by the Internal Revenue Service (IRS). Participants may also contribute amounts representing qualified distributions from other 403(b) plans, and at the discretion of the Organization, from other qualified plans.

Employer contributions are matched at rates ranging from 5% to 6%, depending on employee classification, some of which are under specified collectively bargained labor agreements. For employees who direct their contributions to multiple custodians for investment, the match is limited to deferrals to only one custodian. Such employees must elect which deferral will be matched.

Participants direct the investment of their contributions and employer contributions into various investment options offered by the Plan. Investment options currently include variable annuity insurance investment contracts through two different insurance companies: The Variable Annuity Life Insurance Company (VALIC) and New York Life Insurance and Annuity Corporation (NYL). Participants can also direct their investments directly into shares of registered investment company funds (mutual funds) through the VALIC contract. VALIC Trust Company (VTC) is the custodian for the VALIC mutual funds and certifies those investments.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 1 - DESCRIPTION OF THE PLAN (continued)

Participant accounts: Each participant's account is credited with the participant's contribution and allocations of: (a) the employer contribution, (b) plan earnings or losses, and (c) plan administrative expenses. Allocations of plan earnings or losses and plan administrative expenses are based on participant account balances, as defined. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

Vesting: Participants are 100% vested immediately in their salary deferrals and employer contributions plus actual earnings thereon.

Payment of Benefits: On termination of service, death, disability, retirement, or other reasons, a participant will receive the value of the participant's vested account balance as a qualified joint and survivor annuity, or the participant may elect other payment options provided under their insurance contract. Participants may request withdrawal from their vested account balances without penalty for financial hardship, as defined, or after attaining the age of 59½ years.

Loan collateral: Participants may borrow funds directly from the insurance companies. These loans are directly between the insurance companies and the participants and are not included on the statements of net assets. The loans are collateralized by a portion of the participant's fixed account in an amount equal to a percentage of the outstanding balance of the loan. The total amounts in the fixed accounts collateralizing active loans with VALIC and NYL totaled \$146,533 and \$743,609, respectively, as of March 31, 2022, and \$174,801 and \$808,225, respectively, as of March 31, 2021.

Notes receivable from participants: Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are issued by the Plan and secured by the balance in the participant's account. All loans must be repaid within a period of five years, unless the loan is used to purchase a principal residence, in which case, the loan must be repaid within a reasonable period of time not to exceed fifteen years. Under the terms of the Plan Agreement, plan loans will bear a reasonable rate of interest determined by the plan administrator. As of March 31, 2022, the rates of interest on outstanding loans ranged from 4.25% to 8.50% with various maturities through February 2034.

Rollovers and transfers: Rollovers represent account balances of participants from other qualified plans that are deposited into the Plan that meet tax rollover criteria. Transfers during the year ended March 31, 2023 include amounts transferred from other 403(b) plans or qualified plans. Rollovers totaled \$109,270 during the year ended March 31, 2023.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation: The accompanying financial statements have been prepared on the accrual basis of accounting and present the net assets available for plan benefits and the changes in those net assets.

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's management to make estimates and assumptions that may affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation: The investments are reported at fair value. The Plan's custodians, VALIC, VTC and NYL, certify the fair value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the exit price) in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Income recognition: Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net depreciation in fair value of investments consists of both the realized gains and losses and unrealized appreciation and depreciation of those investments.

Notes receivable from participants: Notes receivable from participants are measured at amortized cost, which represents unpaid principal balance plus accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions upon the occurrence of a distributable event, based on the terms of the Plan Agreement. No allowance for credit losses has been recorded as of March 31, 2023 or 2022.

Payment of Benefits: Generally, benefits are recorded when paid.

Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

Subsequent events: Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are available to be issued.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (continued)

The Plan has evaluated subsequent events through August 6, 2025, which is the date the financial statements were available to be issued.

NOTE 3 - FAIR VALUE MEASUREMENTS

FASB ASC Topic 820, *Fair Value Measurements and Disclosures* (ASC 820) provides a framework for measuring fair value under U.S. generally accepted accounting principles. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The following provides a general description of the three levels of inputs that may be used to measure fair value under ASC 820:

Level 1 - Inputs to the valuation methodology are based on quoted prices available in active markets for identical assets or liabilities on the reporting date.

Level 2 - Inputs to the valuation methodology are other than quoted market prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value can be determined through the use of models or other valuation methodologies. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology include significant inputs that are generally unobservable from objective sources. These inputs may be used with internally developed methodologies that result in management's best estimate of fair value including assumptions regarding risk. Level 3 instruments include those that may be more structured or otherwise tailored to the Plan's needs.

As required by ASC 820, financial assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

Following is a description of the valuation methodologies used for assets measured at fair value.

Registered investment companies (mutual funds and money market mutual funds) – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Separate accounts – Investments in the separate accounts are represented by units of interest issued by the insurance companies' separate accounts. The separate accounts invest assets in shares of various portfolios divided into investment divisions. The separate accounts are valued by the insurance companies at the NAV practical expedient, based on the NAV per unit of the underlying investments, which are then adjusted for dividends and separate account fees (representing mortality and expense risk fee and administrative charges). The separate accounts are not presented in the fair value hierarchy table as they are measured at the NAV practical expedient.

The Organization's financial management determines the fair value measurement policies and procedures. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other information.

The insurance companies set various credited interest rates under the fixed accounts, generally reset from quarterly to a policy anniversary date. The fixed accounts have different minimum guaranteed interest rates depending on when the contract was opened, generally ranging from 2% to 3%. The annuity contracts contain defined surrender charges based on the years to surrender date, and certain minimum and maximum limitations on withdrawals or transfers among the fixed and separate accounts.

The investment strategies vary for each separate account fund and are available through published prospectuses of the insurance companies. Redemption notice periods and limitations on redemption frequency vary depending on the insurance contract product and amounts, generally to prevent short-term trading. Additional limitations on redemption frequency apply when trading between the fixed and variable accounts, generally within a 90-day period. Different frequency limitations apply to transfers during an individual's payout annuity period.

The valuation methods used by the Plan 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.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 3 - FAIR VALUE MEASUREMENTS (continued)

The following tables disclose the fair value hierarchy of the Plan's assets by level:

2023				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 7,528,920	\$47,601,504	\$ -	\$ 55,130,424
Investments at fair value	<u>\$ 7,528,920</u>	<u>\$47,601,504</u>	<u>\$ -</u>	<u>\$ 55,130,424</u>
2022				
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 7,880,285	\$53,319,712	\$ -	\$ 61,199,997
Investments at fair value	<u>\$ 7,880,285</u>	<u>\$53,319,712</u>	<u>\$ -</u>	<u>\$ 61,199,997</u>

NOTE 4 – GUARANTEED INVESTMENT CONTRACT

The Plan has fully benefit-responsive guaranteed investment contracts (FBRIC) with VALIC and NYL. VALIC and NYL maintain the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than the rate established each period; the rate ranged from 1.00% to 2.75% as of March 31, 2023. The crediting rate is reviewed on a semiannual basis for resetting. The FBRIC does not permit VALIC or NYL to terminate the agreement prior to the scheduled maturity date.

The contract meets the FBRIC criteria and, therefore, is reported at contract value. Contract value is the relevant measure for FBRICs because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by VALIC and NYL, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations, which may be affected by future economic and regulatory developments.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 4 – GUARANTEED INVESTMENT CONTRACT (continued)

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the Plan's ability to transact at contract value with the contract issuer and that also would limit the ability of the Plan to transact at contract value with the participants.

NOTE 5 – TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The terms of the Plan have been prepared to conform to the sample language provided by the Internal Revenue Service. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for participants under Section 403(b).

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 6 - 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. 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 statement of net assets available for benefits.

Dameron Hospital Association 403(b) Retirement Plan

Notes to Financial Statements

March 31, 2023

NOTE 7 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, all investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held at March 31, 2023 and 2022, net appreciation or depreciation in fair value of investments, and interest and dividend income for the year then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by VALIC, VTC and NYL, the trustees of the Plan.

NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS

Plan investments include an insurance interest account and registered investment company accounts managed by VALIC, VTC and NYL. As VALIC, VTC and NYL are the custodians of the Plan, transactions between the Plan and VALIC, VTC and NYL qualify as exempt party-in-interest transactions.

NOTE 9 - PLAN TERMINATION

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their employer contributions.

NOTE 10 – BEGINNING BALANCES

The Plan's accounting records were not sufficient to support audit testing of the participant account balances and transactions prior to April 1, 2009. The participant and summary level detail were not readily available for years prior to April 1, 2009.

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2023

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fixed Acct 1yr	Guaranteed Insurance Contract	N/A	4,433,695
	MainStay VP U.S. Government Money Market	Pooled Separate Account	N/A	223,491
	MainStay VP Government Svc	Pooled Separate Account	N/A	420,885
	MainStay VP Wellington Growth	Pooled Separate Account	N/A	222,643
	MainStay VP S&P 500 Index Svc	Pooled Separate Account	N/A	1,212,353
	MainStay VP Income Builder Svc	Pooled Separate Account	N/A	730,326
	MainStay VP Bond Svc	Pooled Separate Account	N/A	329,624
	MainStay VP Wellington U.S. Equity Svc	Pooled Separate Account	N/A	994,630
	MainStay VP International Equity Svc	Pooled Separate Account	N/A	352,940
	MainStay VP High Yield Corporate Bond Svc	Pooled Separate Account	N/A	167,581
	Fidelity VIP Equity-Income Service 2	Pooled Separate Account	N/A	1,014,753
	Fidelity VIP Contra Service 2	Pooled Separate Account	N/A	1,219,847
	Janus Henderson Global Research Portfolio Svc	Pooled Separate Account	N/A	210,421
	MainStay VP Convertible Svc	Pooled Separate Account	N/A	1,354,018
	MainStay VP Epoch U.S. Equity Yield Portfolio Svc	Pooled Separate Account	N/A	1,514,572
	MainStay VP Winslow Large Cap Growth Svc	Pooled Separate Account	N/A	553,515
	MFS Investors Trust Series Svc	Pooled Separate Account	N/A	82,278
	MFS Research Series Svc	Pooled Separate Account	N/A	68,528
	MainStay VP Wellington Mid Cap Core Svc	Pooled Separate Account	N/A	328,604
	BNY Mellon IP Technology Growth Svc	Pooled Separate Account	N/A	289,145
	Fidelity VIP Mid Cap Service 2	Pooled Separate Account	N/A	1,123,660
	Neuberger Berman AMT Mid-Cap Growth Class S	Pooled Separate Account	N/A	46,560
	MainStay VP Floating Rate Svc	Pooled Separate Account	N/A	12,002
	MainStay VP Balanced Svc	Pooled Separate Account	N/A	1,237,382
	MainStay VP Conservative Allocation Svc	Pooled Separate Account	N/A	645,940
	MainStay VP Moderate Allocation Svc	Pooled Separate Account	N/A	5,363,230
	MainStay VP Growth Allocation Svc	Pooled Separate Account	N/A	759,689
	MainStay VP Equity Allocation Svc	Pooled Separate Account	N/A	222,283
	Invesco V.I. International Growth - Series II	Pooled Separate Account	N/A	71,991
	MainStay VP MacKay Strategic Bond Svc	Pooled Separate Account	N/A	464,383
	BlackRock Global Allocation V.I. III	Pooled Separate Account	N/A	1,901,226
	MainStay VP Natural Resources	Pooled Separate Account	N/A	2,178,007
	MainStay VP Janus Henderson Balanced Svc	Pooled Separate Account	N/A	207,184
	MainStay VP Fidelity Institutional AM Utilities - Service Class	Pooled Separate Account	N/A	4,456,691
	MainStay VP American Century Sustainable Equity	Pooled Separate Account	N/A	662,139
	MainStay VP PIMCO Real Return Svc	Pooled Separate Account	N/A	170,277
	MainStay VP Emerging Markets Equity Portfolio	Pooled Separate Account	N/A	1,044,476
	MainStay VP Small Cap Growth Svc	Pooled Separate Account	N/A	1,013,317
	MainStay VP Janus Henderson Balanced Svc	Pooled Separate Account	N/A	158,783
	MainStay VP Small Cap Growth Svc	Pooled Separate Account	N/A	38,154
	Morgan Stanley VIF U.S. Real Estate Class II	Pooled Separate Account	N/A	31,722
	PIMCO VIT Int'l Bond Portfolio	Pooled Separate Account	N/A	91,939
	American Funds IS New World - Class 4	Pooled Separate Account	N/A	52,223
	BlackRock High Yield V.I. Fund - Class III	Pooled Separate Account	N/A	21,139
	American Funds IS Global Small Cap - Class 4	Pooled Separate Account	N/A	12,794
	MainStay VP CBRE Global Infrastructure	Pooled Separate Account	N/A	3,821
	Columbia VP - Emerging Markets Bond	Pooled Separate Account	N/A	27,091
	PIMCO VIT Low Duration	Pooled Separate Account	N/A	142,042
	DWS Alternative Asset Allocation VIP	Pooled Separate Account	N/A	73,933
	MainStay VP Wellington Small Cap Core Svc	Pooled Separate Account	N/A	665,729
	ClearBridge Variable Appreciation	Pooled Separate Account	N/A	4,358
	American Funds IS Growth Fund	Pooled Separate Account	N/A	4,190
	AmerFunds IS Washington Mutual Inv Fund	Pooled Separate Account	N/A	198,504
	Fidelity VIP Emerging Markets Service 2	Pooled Separate Account	N/A	133,115
	MainStay VP IQ Multi Strategy	Pooled Separate Account	N/A	169,549
	Fidelity VIP International Index - Service 2	Pooled Separate Account	N/A	1,194

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2023

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity VIP Health Care Portfolio - Svc 2	Pooled Separate Account	N/A	42,952
	Invesco V.I. Main Street Small Cap Fund	Pooled Separate Account	N/A	446
	MFS® Mid Cap Value Portfolio - Service Class	Pooled Separate Account	N/A	42,802
	PIMCO VIT Income Portfolio-Advisor Class	Pooled Separate Account	N/A	879
	Franklin Templeton Conservative Model Portfolio	Pooled Separate Account	N/A	78,668
	Franklin Templeton Mod Conserv Model Portfolio	Pooled Separate Account	N/A	13,847
	Franklin Templeton Moderate Model Portfolio	Pooled Separate Account	N/A	347,126
	Franklin Templeton Mod Aggres Model Portfolio	Pooled Separate Account	N/A	153,848
	Franklin Templeton Aggressive Model Portfolio	Pooled Separate Account	N/A	76,041
	Fidelity VIP Bond Index Portfolio	Pooled Separate Account	N/A	95,836
	Delaware VIP Small Cap Value	Pooled Separate Account	N/A	3,655
	MFS International Intrinsic Value	Pooled Separate Account	N/A	11,525
	Fidelity VIP Growth Opportunities - Svc Class 2	Pooled Separate Account	N/A	10,964
	PIMCO VIT Total Return - Advisor Class	Pooled Separate Account	N/A	104,201
	AMER BEACON BRDWY LRG CP GRW I	Pooled Separate Account	N/A	6,159
	ARIEL APPRECIATION FUND	Pooled Separate Account	N/A	26,845
	ARIEL FUND	Pooled Separate Account	N/A	34,481
*	ASSET ALLOCATION FUND	Pooled Separate Account	N/A	60,110
*	BLUE CHIP GROWTH FUND	Pooled Separate Account	N/A	64,391
*	CORE BOND FUND	Pooled Separate Account	N/A	759,858
*	DIVIDEND VALUE	Pooled Separate Account	N/A	56,448
*	EMERGING ECONOMIES	Pooled Separate Account	N/A	463,750
*	FIXED ACCOUNT PLUS	Guaranteed Insurance Contract	N/A	10,322,990
*	GLOBAL REAL ESTATE FUND	Pooled Separate Account	N/A	157,098
*	GLOBAL STRATEGY	Pooled Separate Account	N/A	1,977
*	GOVERNMENT SECURITIES FUND	Pooled Separate Account	N/A	67,488
*	GROWTH FUND	Pooled Separate Account	N/A	165,759
*	GS VIT GOV MONEY MKT FD INST	Pooled Separate Account	N/A	45,210
*	HIGH YIELD BOND FUND	Pooled Separate Account	N/A	307,411
*	INFLATION PROTECTED FUND	Pooled Separate Account	N/A	460,735
*	INTERNATIONAL GOVERNMENT BOND	Pooled Separate Account	N/A	10,011
*	INTERNATIONAL GROWTH FUND	Pooled Separate Account	N/A	16,134
*	INTERNATIONAL VALUE FUND	Pooled Separate Account	N/A	357,238
*	INTERNATL EQUITIES INDEX FUND	Pooled Separate Account	N/A	865,743
*	INTL OPPORTUNITIES	Pooled Separate Account	N/A	338,792
*	INTL SOCIALLY RESPONSIBLE FUND	Pooled Separate Account	N/A	290,591
*	LARGE CAPITAL GROWTH	Pooled Separate Account	N/A	158,134
*	MID CAP INDEX FUND	Pooled Separate Account	N/A	1,455,530
*	MID CAP STRATEGIC GWTH	Pooled Separate Account	N/A	152,467
*	MID CAP VALUE FUND	Pooled Separate Account	N/A	420,296
*	MODERATE GROWTH LIFESTYLE	Pooled Separate Account	N/A	8,508
*	NASDAQ-100(R) INDEX FUND	Pooled Separate Account	N/A	162,766
*	SCIENCE & TECHNOLOGY FUND	Pooled Separate Account	N/A	389,963
*	SHORT TERM FIXED ACCOUNT	Guaranteed Insurance Contract	N/A	1,475,225
*	SMALL CAP GROWTH FUND	Pooled Separate Account	N/A	232,009
*	SMALL CAP INDEX FUND	Pooled Separate Account	N/A	318,334
*	SMALL CAP SPECIAL VALUE FUND	Pooled Separate Account	N/A	2,222
*	SMALL CAP VALUE FUND	Pooled Separate Account	N/A	225,577
*	STOCK INDEX FUND	Pooled Separate Account	N/A	1,850,454
*	SYSTEMATIC CORE FUND	Pooled Separate Account	N/A	61,626
*	SYSTEMATIC VALUE	Pooled Separate Account	N/A	30,024
*	US SOCIALLY RESPONSIBLE FUND	Pooled Separate Account	N/A	523,139
	VANGUARD LONG-TERM TREASURY	Pooled Separate Account	N/A	19,121
	VANGUARD LT INV-GRADE FUND	Pooled Separate Account	N/A	5,221
	VANGUARD WELLINGTON FUND INC	Pooled Separate Account	N/A	4,521
	VANGUARD WINDSOR II	Pooled Separate Account	N/A	738,375
	AMCENT INF-ADJ BOND INV	Mutual Fund	N/A	23,688

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2023

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	AMER CENT ONE CHOICE 2025 A	Mutual Fund	N/A	7,386
	AMER CENT ONE CHOICE 2035 A	Mutual Fund	N/A	97,556
	AMER CENT ONE CHOICE 2045 A	Mutual Fund	N/A	43,457
	AMER CENT ONE CHOICE IN RET A	Mutual Fund	N/A	70,920
	AMER CENT US GOVT MMKT INV	Mutual Fund	N/A	22,229
	AMER FUNDS AMER BAL R3	Mutual Fund	N/A	518,349
	AMER FUNDS AMER MUT R3	Mutual Fund	N/A	127,188
	AMER FUNDS EUROPAC R3	Mutual Fund	N/A	89,544
	AMERICAN FNDS CP WRLD G/I R3	Mutual Fund	N/A	372,305
	BNY MELLON BOND MARKET IDX INV	Mutual Fund	N/A	114,338
	BNY MELLON INTL STOCK IDX INV	Mutual Fund	N/A	795,283
	BNY MELLON MID CAP INDEX INVES	Mutual Fund	N/A	887,933
	BNY MELLON S&P 500 INDEX	Mutual Fund	N/A	1,647,108
	BNY MELLON SML CAP STK IDX INV	Mutual Fund	N/A	796,593
	CLEARBRIDGE APPRECIATION A	Mutual Fund	N/A	99,928
*	FIXED INTEREST OPTION	Guaranteed Insurance Contract	N/A	696,416
	FRANK TEMP SMALL CAP VALUE R	Mutual Fund	N/A	122,825
	FRANKLIN HIGH INCOME A1	Mutual Fund	N/A	323,912
	JANUS HENDERSON TRITON S	Mutual Fund	N/A	123,229
	JP MORGAN MID CAP GRTH A	Mutual Fund	N/A	398,195
	MFS MASSACH INVESTOR GR STK R2	Mutual Fund	N/A	224,895
	PIMCO TOTAL RETURN FUND A	Mutual Fund	N/A	314,028
	VIRTUS CEREDEx M-CAP VAL EQ A	Mutual Fund	N/A	11,808
	VIRTUS DUFF & PHELPS RE SEC A	Mutual Fund	N/A	106,919
		Participant loans - Interest at 4.25% - 8.50%	N/A	879,069
				<u>72,496,945</u>

* Party-in-interest

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
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*	SHORT TERM FIXED ACCOUNT	Guaranteed Insurance Contract	N/A	1,475,225
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*	SMALL CAP INDEX FUND	Pooled Separate Account	N/A	318,334
*	SMALL CAP SPECIAL VALUE FUND	Pooled Separate Account	N/A	2,222
*	SMALL CAP VALUE FUND	Pooled Separate Account	N/A	225,577
*	STOCK INDEX FUND	Pooled Separate Account	N/A	1,850,454
*	SYSTEMATIC CORE FUND	Pooled Separate Account	N/A	61,626
*	SYSTEMATIC VALUE	Pooled Separate Account	N/A	30,024
*	US SOCIALLY RESPONSIBLE FUND	Pooled Separate Account	N/A	523,139
	VANGUARD LONG-TERM TREASURY	Pooled Separate Account	N/A	19,121
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	AMER CENT ONE CHOICE 2035 A	Mutual Fund	N/A	97,556
	AMER CENT ONE CHOICE 2045 A	Mutual Fund	N/A	43,457
	AMER CENT ONE CHOICE IN RET A	Mutual Fund	N/A	70,920
	AMER CENT US GOVT MMKT INV	Mutual Fund	N/A	22,229
	AMER FUNDS AMER BAL R3	Mutual Fund	N/A	518,349
	AMER FUNDS AMER MUT R3	Mutual Fund	N/A	127,188
	AMER FUNDS EUROPAC R3	Mutual Fund	N/A	89,544
	AMERICAN FNDS CP WRLD G/I R3	Mutual Fund	N/A	372,305
	BNY MELLON BOND MARKET IDX INV	Mutual Fund	N/A	114,338
	BNY MELLON INTL STOCK IDX INV	Mutual Fund	N/A	795,283
	BNY MELLON MID CAP INDEX INVES	Mutual Fund	N/A	887,933
	BNY MELLON S&P 500 INDEX	Mutual Fund	N/A	1,647,108
	BNY MELLON SML CAP STK IDX INV	Mutual Fund	N/A	796,593
	CLEARBRIDGE APPRECIATION A	Mutual Fund	N/A	99,928
*	FIXED INTEREST OPTION	Guaranteed Insurance Contract	N/A	696,416
	FRANK TEMP SMALL CAP VALUE R	Mutual Fund	N/A	122,825
	FRANKLIN HIGH INCOME A1	Mutual Fund	N/A	323,912
	JANUS HENDERSON TRITON S	Mutual Fund	N/A	123,229
	JP MORGAN MID CAP GRTH A	Mutual Fund	N/A	398,195
	MFS MASSACH INVESTOR GR STK R2	Mutual Fund	N/A	224,895
	PIMCO TOTAL RETURN FUND A	Mutual Fund	N/A	314,028
	VIRTUS CEREDEX M-CAP VAL EQ A	Mutual Fund	N/A	11,808
	VIRTUS DUFF & PHELPS RE SEC A	Mutual Fund	N/A	106,919
		Participant loans - Interest at 4.25% - 8.50%	N/A	879,069
				<u>72,496,945</u>

* Party-in-interest

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2023

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
*	Fixed Acct 1yr	Guaranteed Insurance Contract	N/A	4,433,695
	MainStay VP U.S. Government Money Market	Pooled Separate Account	N/A	223,491
	MainStay VP Government Svc	Pooled Separate Account	N/A	420,885
	MainStay VP Wellington Growth	Pooled Separate Account	N/A	222,643
	MainStay VP S&P 500 Index Svc	Pooled Separate Account	N/A	1,212,353
	MainStay VP Income Builder Svc	Pooled Separate Account	N/A	730,326
	MainStay VP Bond Svc	Pooled Separate Account	N/A	329,624
	MainStay VP Wellington U.S. Equity Svc	Pooled Separate Account	N/A	994,630
	MainStay VP International Equity Svc	Pooled Separate Account	N/A	352,940
	MainStay VP High Yield Corporate Bond Svc	Pooled Separate Account	N/A	167,581
	Fidelity VIP Equity-Income Service 2	Pooled Separate Account	N/A	1,014,753
	Fidelity VIP Contra Service 2	Pooled Separate Account	N/A	1,219,847
	Janus Henderson Global Research Portfolio Svc	Pooled Separate Account	N/A	210,421
	MainStay VP Convertible Svc	Pooled Separate Account	N/A	1,354,018
	MainStay VP Epoch U.S. Equity Yield Portfolio Svc	Pooled Separate Account	N/A	1,514,572
	MainStay VP Winslow Large Cap Growth Svc	Pooled Separate Account	N/A	553,515
	MFS Investors Trust Series Svc	Pooled Separate Account	N/A	82,278
	MFS Research Series Svc	Pooled Separate Account	N/A	68,528
	MainStay VP Wellington Mid Cap Core Svc	Pooled Separate Account	N/A	328,604
	BNY Mellon IP Technology Growth Svc	Pooled Separate Account	N/A	289,145
	Fidelity VIP Mid Cap Service 2	Pooled Separate Account	N/A	1,123,660
	Neuberger Berman AMT Mid-Cap Growth Class S	Pooled Separate Account	N/A	46,560
	MainStay VP Floating Rate Svc	Pooled Separate Account	N/A	12,002
	MainStay VP Balanced Svc	Pooled Separate Account	N/A	1,237,382
	MainStay VP Conservative Allocation Svc	Pooled Separate Account	N/A	645,940
	MainStay VP Moderate Allocation Svc	Pooled Separate Account	N/A	5,363,230
	MainStay VP Growth Allocation Svc	Pooled Separate Account	N/A	759,689
	MainStay VP Equity Allocation Svc	Pooled Separate Account	N/A	222,283
	Invesco V.I. International Growth - Series II	Pooled Separate Account	N/A	71,991
	MainStay VP MacKay Strategic Bond Svc	Pooled Separate Account	N/A	464,383
	BlackRock Global Allocation V.I. III	Pooled Separate Account	N/A	1,901,226
	MainStay VP Natural Resources	Pooled Separate Account	N/A	2,178,007
	MainStay VP Janus Henderson Balanced Svc	Pooled Separate Account	N/A	207,184
	MainStay VP Fidelity Institutional AM Utilities - Service Class	Pooled Separate Account	N/A	4,456,691
	MainStay VP American Century Sustainable Equity	Pooled Separate Account	N/A	662,139
	MainStay VP PIMCO Real Return Svc	Pooled Separate Account	N/A	170,277
	MainStay VP Emerging Markets Equity Portfolio	Pooled Separate Account	N/A	1,044,476
	MainStay VP Small Cap Growth Svc	Pooled Separate Account	N/A	1,013,317
	MainStay VP Janus Henderson Balanced Svc	Pooled Separate Account	N/A	158,783
	MainStay VP Small Cap Growth Svc	Pooled Separate Account	N/A	38,154
	Morgan Stanley VIF U.S. Real Estate Class II	Pooled Separate Account	N/A	31,722
	PIMCO VIT Int'l Bond Portfolio	Pooled Separate Account	N/A	91,939
	American Funds IS New World - Class 4	Pooled Separate Account	N/A	52,223
	BlackRock High Yield V.I. Fund - Class III	Pooled Separate Account	N/A	21,139
	American Funds IS Global Small Cap - Class 4	Pooled Separate Account	N/A	12,794
	MainStay VP CBRE Global Infrastructure	Pooled Separate Account	N/A	3,821
	Columbia VP - Emerging Markets Bond	Pooled Separate Account	N/A	27,091
	PIMCO VIT Low Duration	Pooled Separate Account	N/A	142,042
	DWS Alternative Asset Allocation VIP	Pooled Separate Account	N/A	73,933
	MainStay VP Wellington Small Cap Core Svc	Pooled Separate Account	N/A	665,729
	ClearBridge Variable Appreciation	Pooled Separate Account	N/A	4,358
	American Funds IS Growth Fund	Pooled Separate Account	N/A	4,190
	AmerFunds IS Washington Mutual Inv Fund	Pooled Separate Account	N/A	198,504
	Fidelity VIP Emerging Markets Service 2	Pooled Separate Account	N/A	133,115
	MainStay VP IQ Multi Strategy	Pooled Separate Account	N/A	169,549
	Fidelity VIP International Index - Service 2	Pooled Separate Account	N/A	1,194

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2023

Name of Plan: Dameron Hospital Association 403(b) Retirement Plan				
Employer Identification Number: 94-1201197			Three-digit plan number > 002	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(d) Cost	(e) Current Value
	Fidelity VIP Health Care Portfolio - Svc 2	Pooled Separate Account	N/A	42,952
	Invesco V.I. Main Street Small Cap Fund	Pooled Separate Account	N/A	446
	MFS® Mid Cap Value Portfolio - Service Class	Pooled Separate Account	N/A	42,802
	PIMCO VIT Income Portfolio-Advisor Class	Pooled Separate Account	N/A	879
	Franklin Templeton Conservative Model Portfolio	Pooled Separate Account	N/A	78,668
	Franklin Templeton Mod Conserv Model Portfolio	Pooled Separate Account	N/A	13,847
	Franklin Templeton Moderate Model Portfolio	Pooled Separate Account	N/A	347,126
	Franklin Templeton Mod Aggres Model Portfolio	Pooled Separate Account	N/A	153,848
	Franklin Templeton Aggressive Model Portfolio	Pooled Separate Account	N/A	76,041
	Fidelity VIP Bond Index Portfolio	Pooled Separate Account	N/A	95,836
	Delaware VIP Small Cap Value	Pooled Separate Account	N/A	3,655
	MFS International Intrinsic Value	Pooled Separate Account	N/A	11,525
	Fidelity VIP Growth Opportunities - Svc Class 2	Pooled Separate Account	N/A	10,964
	PIMCO VIT Total Return - Advisor Class	Pooled Separate Account	N/A	104,201
	AMER BEACON BRDWY LRG CP GRW I	Pooled Separate Account	N/A	6,159
	ARIEL APPRECIATION FUND	Pooled Separate Account	N/A	26,845
	ARIEL FUND	Pooled Separate Account	N/A	34,481
*	ASSET ALLOCATION FUND	Pooled Separate Account	N/A	60,110
*	BLUE CHIP GROWTH FUND	Pooled Separate Account	N/A	64,391
*	CORE BOND FUND	Pooled Separate Account	N/A	759,858
*	DIVIDEND VALUE	Pooled Separate Account	N/A	56,448
*	EMERGING ECONOMIES	Pooled Separate Account	N/A	463,750
*	FIXED ACCOUNT PLUS	Guaranteed Insurance Contract	N/A	10,322,990
*	GLOBAL REAL ESTATE FUND	Pooled Separate Account	N/A	157,098
*	GLOBAL STRATEGY	Pooled Separate Account	N/A	1,977
*	GOVERNMENT SECURITIES FUND	Pooled Separate Account	N/A	67,488
*	GROWTH FUND	Pooled Separate Account	N/A	165,759
*	GS VIT GOV MONEY MKT FD INST	Pooled Separate Account	N/A	45,210
*	HIGH YIELD BOND FUND	Pooled Separate Account	N/A	307,411
*	INFLATION PROTECTED FUND	Pooled Separate Account	N/A	460,735
*	INTERNATIONAL GOVERNMENT BOND	Pooled Separate Account	N/A	10,011
*	INTERNATIONAL GROWTH FUND	Pooled Separate Account	N/A	16,134
*	INTERNATIONAL VALUE FUND	Pooled Separate Account	N/A	357,238
*	INTERNATL EQUITIES INDEX FUND	Pooled Separate Account	N/A	865,743
*	INTL OPPORTUNITIES	Pooled Separate Account	N/A	338,792
*	INTL SOCIALLY RESPONSIBLE FUND	Pooled Separate Account	N/A	290,591
*	LARGE CAPITAL GROWTH	Pooled Separate Account	N/A	158,134
*	MID CAP INDEX FUND	Pooled Separate Account	N/A	1,455,530
*	MID CAP STRATEGIC GWTH	Pooled Separate Account	N/A	152,467
*	MID CAP VALUE FUND	Pooled Separate Account	N/A	420,296
*	MODERATE GROWTH LIFESTYLE	Pooled Separate Account	N/A	8,508
*	NASDAQ-100(R) INDEX FUND	Pooled Separate Account	N/A	162,766
*	SCIENCE & TECHNOLOGY FUND	Pooled Separate Account	N/A	389,963
*	SHORT TERM FIXED ACCOUNT	Guaranteed Insurance Contract	N/A	1,475,225
*	SMALL CAP GROWTH FUND	Pooled Separate Account	N/A	232,009
*	SMALL CAP INDEX FUND	Pooled Separate Account	N/A	318,334
*	SMALL CAP SPECIAL VALUE FUND	Pooled Separate Account	N/A	2,222
*	SMALL CAP VALUE FUND	Pooled Separate Account	N/A	225,577
*	STOCK INDEX FUND	Pooled Separate Account	N/A	1,850,454
*	SYSTEMATIC CORE FUND	Pooled Separate Account	N/A	61,626
*	SYSTEMATIC VALUE	Pooled Separate Account	N/A	30,024
*	US SOCIALLY RESPONSIBLE FUND	Pooled Separate Account	N/A	523,139
	VANGUARD LONG-TERM TREASURY	Pooled Separate Account	N/A	19,121
	VANGUARD LT INV-GRADE FUND	Pooled Separate Account	N/A	5,221
	VANGUARD WELLINGTON FUND INC	Pooled Separate Account	N/A	4,521
	VANGUARD WINDSOR II	Pooled Separate Account	N/A	738,375
	AMCENT INF-ADJ BOND INV	Mutual Fund	N/A	23,688

Schedule H, Line 4i - Schedule of Assets
Schedule of Assets (Held at End of Year)
Plan Year Ending: 03/31/2023

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	AMER CENT ONE CHOICE 2025 A	Mutual Fund	N/A	7,386
	AMER CENT ONE CHOICE 2035 A	Mutual Fund	N/A	97,556
	AMER CENT ONE CHOICE 2045 A	Mutual Fund	N/A	43,457
	AMER CENT ONE CHOICE IN RET A	Mutual Fund	N/A	70,920
	AMER CENT US GOVT MMKT INV	Mutual Fund	N/A	22,229
	AMER FUNDS AMER BAL R3	Mutual Fund	N/A	518,349
	AMER FUNDS AMER MUT R3	Mutual Fund	N/A	127,188
	AMER FUNDS EUROPAC R3	Mutual Fund	N/A	89,544
	AMERICAN FNDS CP WRLD G/I R3	Mutual Fund	N/A	372,305
	BNY MELLON BOND MARKET IDX INV	Mutual Fund	N/A	114,338
	BNY MELLON INTL STOCK IDX INV	Mutual Fund	N/A	795,283
	BNY MELLON MID CAP INDEX INVES	Mutual Fund	N/A	887,933
	BNY MELLON S&P 500 INDEX	Mutual Fund	N/A	1,647,108
	BNY MELLON SML CAP STK IDX INV	Mutual Fund	N/A	796,593
	CLEARBRIDGE APPRECIATION A	Mutual Fund	N/A	99,928
*	FIXED INTEREST OPTION	Guaranteed Insurance Contract	N/A	696,416
	FRANK TEMP SMALL CAP VALUE R	Mutual Fund	N/A	122,825
	FRANKLIN HIGH INCOME A1	Mutual Fund	N/A	323,912
	JANUS HENDERSON TRITON S	Mutual Fund	N/A	123,229
	JP MORGAN MID CAP GRTH A	Mutual Fund	N/A	398,195
	MFS MASSACH INVESTOR GR STK R2	Mutual Fund	N/A	224,895
	PIMCO TOTAL RETURN FUND A	Mutual Fund	N/A	314,028
	VIRTUS CEREDEX M-CAP VAL EQ A	Mutual Fund	N/A	11,808
	VIRTUS DUFF & PHELPS RE SEC A	Mutual Fund	N/A	106,919
	Participant loans - Interest at 4.25% - 8.50%		N/A	879,069
				<u>72,496,945</u>

* Party-in-interest