

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b> If the plan is a collectively-bargained plan, check here. ....	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....	<input type="checkbox"/>

<b>Part II Basic Plan Information</b> —enter all requested information		
<b>1a</b> Name of plan <u>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶	<u>501</u>
<b>1c</b> Effective date of plan <u>10/01/1970</u>		
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DESERET MUTUAL BENEFIT ADMINISTRATORS</u>  <u>PO BOX 45530</u> <u>150 SOCIAL HALL AVENUE, SUITE 170</u> <u>SALT LAKE CITY, UT 84145</u> <u>SLC, UT 84245</u>	<b>2b</b> Employer Identification Number (EIN) <u>87-0440163</u>	<b>2c</b> Plan Sponsor's telephone number <u>801-578-5795</u>
<b>2d</b> Business code (see instructions) <u>524290</u>		

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>10/13/2023</u>	<u>MICHAEL J. RASBAND</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  <b>DESERET MUTUAL BENEFIT ADMINISTRATORS</b>  <b>PO BOX 45530</b> <b>SALT LAKE CITY, UT 84145</b>	<b>3b</b> Administrator's EIN <b>87-0440163</b>
	<b>3c</b> Administrator's telephone number <b>801-578-5795</b>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b> <span style="float: right;"><b>33433</b></span>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span><b>6a(1)</b></span> <span><b>20203</b></span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span><b>6a(2)</b></span> <span><b>20686</b></span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span><b>6b</b></span> <span><b>11039</b></span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span><b>6c</b></span> <span></span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span><b>6d</b></span> <span><b>31725</b></span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span><b>6e</b></span> <span><b>2163</b></span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span><b>6f</b></span> <span></span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span><b>6g</b></span> <span></span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span><b>6h</b></span> <span></span> </div>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: <b>4A 4B 4D 4E 4F 4H</b>	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <b>6 A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

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:
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(a) Name of insurance carrier CARELON BEHAVIORAL HEALTH
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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
54-1414194	62199	0000000000000000	42376	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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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).
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(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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(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** 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****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)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****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)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**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) ▶ **EAP PROGRAM**

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	322718
<b>b</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.	<b>10b</b>	

**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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

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 KAISER FOUNDATION HEALTH PLAN INC
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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
94-1340523	0	107572	519	01/01/2022	12/31/2022

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

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

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



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(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	

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

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	(c) Amount	(d) Purpose	

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(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	

**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.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end.....	<b>4</b>	
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

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

<b>b</b>	Premiums paid to carrier .....	<b>6b</b>	
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b>	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 ▶	<b>6d</b>	

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	2874895
<b>b</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.	<b>10b</b>	

**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. ▶

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

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 KAISER FOUNDATION HEALTH PLAN INC
--

(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
94-1340523	00000	33049	188	01/01/2022	12/31/2022

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

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

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** 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****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)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****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)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1409079
<b>b</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.	<b>10b</b>	

**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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163	

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 KAISER FOUNDATION HEALTH PLAN OF HAWAII
--

(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
94-1340523	60053	3568	338	01/01/2022	12/31/2022

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

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

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** 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****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)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****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)**(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	1736345
<b>b</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.	<b>10b</b>	

**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. ▶

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163

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 MAPFRE LIFE INSURANCE COMPANY OF PR
--

(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
66-0402309	77054	356745-002	13	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid 7460	(b) Total amount of fees paid 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 MULTI AGENT SYSTEM CORP PO BOX 1306 BAYAMON, PUERTO RICO 00960-1306 PR
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7460			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	

---

(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** 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****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)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****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)**  
▶(5) Total deductions..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**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:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	
<b>b</b> Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....		<b>9c(1)(H)</b>	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	138014

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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.	<b>10b</b>	

**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. ▶

<div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div>
--	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 DESERET MUTUAL BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 87-0440163	

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 VISION SERVICE PLAN
--

(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
06-1227840	39616	30043025	15902	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid 232862	(b) Total amount of fees paid 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 GALLAGHER BENEFIT SERVICES INC
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
232862			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	

---

(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.

<b>4</b>	Current value of plan's interest under this contract in the general account at year end.....	<b>4</b>	
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

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

<b>b</b>	Premiums paid to carrier .....	<b>6b</b>	
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b>	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 ▶	<b>6d</b>	

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

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	3325109
<b>b</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.	<b>10b</b>	

**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. ▶

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

For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>		
<b>A</b> Name of plan <b>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b>	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DESERET MUTUAL BENEFIT ADMINISTRATORS</b>	<b>D</b> Employer Identification Number (EIN) <b>87-0440163</b>	

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
---------------	--

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <b>AMG FUNDS LLC</b>  <b>06-1298481</b>
--

<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <b>ANGELO GORDON AND CO LP</b> <b>190 ELGIN AVENUE</b> <b>GRAND CAYMAN, CAYMAN ISLANDS KY1-9007 GB</b>
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<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <b>ARTISAN PARTNERS LIMITED PARTNERSHI</b>  <b>30-0551775</b>
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<b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <b>BLACKROCK ADVISORS LLC</b>  <b>23-2784752</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

---

CBF MANAGER LP

82-3608385

---

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

---

CHARLESBANK CAPITAL PARTNERS LLC

200 CLARENDON STREET  
54TH FLOOR  
BOSTON, MA 02116

---

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

---

CLARION PARTNERS LLC

47-2899295

---

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

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DELAWARE MANAGEMENT COMPANY

23-2859589

---

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

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DIMENSIONAL FUND ADVISORS LP

30-0447847

---

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

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FRONTEGRA ASSET MANAGEMENT INC

36-3968668

---

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

---

GMO

56-2427157

---

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

---

GOLDMAN SACHS ASSET MANAGEMENT

13-3575636

---

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

GOLDPOINT PARTNERS LLC

13-5582869

---

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

GRANDEUR PEAK GLOBAL ADVISORS

90-0732232

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

HARRISON STREET ADVISORS LLC

45-3147571

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

JP MORGAN INVESTMENT MGMT

13-3200244

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

LEVINE LEICHTMAN CAPITAL PARTNERS I

95-4475693

---

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

LORD ABBETT AND CO LLC

13-5620131

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

MFS INVESTMENT MANAGEMENT

04-3287965

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

MONROE CAPITAL PRIVATE CREDIT FUND

98-1532848

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

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MORGAN STANLEY REAL ESTATE ADVISOR

20-0109235

---

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

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RREEF AMERICA LLC

82-1270846

---

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

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SEVEN CANYONS ADVISORS LLC

82-2807223

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

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SHENKMAN CAPITAL MANAGEMENT INC

13-3280361

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

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THE VANGUARD GROUP

23-1945930

---

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

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THOMAS J HERZFELD ADVISORS INC

59-2414380

---

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

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TOUCHSTONE ADVISORS INC

31-1394672

---

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

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USAA REAL ESTATE COMPANY LLC

46-1641879

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

---

VAN ECK ASSOCIATES CORPORATION

666 THIRD AVENUE  
9TH FLOOR  
NEW YORK, NY 10017

---

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

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VICTORY CAPITAL MANAGEMENT INC

13-2700161

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

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VIRTUS PARTNERS

95-4191764

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

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VISTA EQUITY PARTNERS MANAGEMENT LL

26-0434499

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

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VOYA INVESTMENTS LLC

52-2125227

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

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

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**(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)

UNITED HEALTHCARE INSURANCE CO

115 WEST WAUSAU AVE  
WAUSAU, WI 54401

(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?
49 50	NA	2700369	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RX SAVINGS SOLUTIONS

26-3642434

(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?
49 50	NA	686400	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHANGE HEALTHCARE SOLUTIONS LLC

45-3637794

(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?
49 50	NA	541344	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

DST HEALTH SOLUTIONS LLC

23-2423802

(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?
49 50	NA	352335	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CHANGE HEALTHCARE ENGAGEMENT SOLUTI

PO BOX 572490  
MURRAY, UT 84157

(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?
49 50	NA	338401	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

METLIFE

13-5581829

(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?
12 13 50	NA	257930	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

HEALTHTRIO LLC

26-0725535

(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?
49 50	NA	214188	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE

13-3891517

(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 50	NA	205041	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZIONS

ONE SOUTH MAIN  
11TH FLOOR  
SALT LAKE CITY, UT 84133

(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?
49 50	NA	178917	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

UTAH HEALTH INFORMATION NETWORK

1226 E 6600 S  
SALT LAKE CITY, UT 84121

(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?
49 50	NA	163087	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GDIT

PO BOX 829968  
PHILADELPHIA, PA 19182

(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?
49 50	NA	140042	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILLIMAN

1301 FIFTH AVENUE  
SUITE 3800  
SEATTLE, WA 98101

(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?
49 50	NA	114470	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

OPTUMINSIGHT, INC

41-1858498

(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?
49 50	NA	97114	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SIDLEY AUSTIN LLP

36-4474078

(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?
49 50	NA	78258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KIRTON MCCONKIE

87-0375296

(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?
29 50	NA	73011	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

RJ HEALTH SYSTEMS

30 COLD SPRINGS RD  
ROCKY HILL, CT 06067

(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?
49 50	NA	50930	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JP MORGAN CHASE BANK

13-4994650

(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?
51	NA	42839	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PSG CONSULTING LLC

27-2345574

(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?
49 50	NA	41340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

MDX

99-0283091

(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?
49 50	NA	28358	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EAGLE CAPITAL MANAGEMENT

22-3361201

(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?
51 68	NA	25060	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

NUANCE INVESTMENTS LLC

26-3649176

(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?
51	NA	22156	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

ZAZOVE ASSOCIATES LLC

36-3984373

(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?
51 68	NA	21240	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

COLUMBIA MANAGEMENT INVESTMENT ADVI

13-3180631

(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?
51 68	NA	17649	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

OPTUM360

46-3328307

(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?
49 50	NA	16667	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>



**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)

LSV ASSET MANAGEMENT

23-2772200

(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?
51	NA	16365	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FISHER INVESTMENTS

20-2480800

(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?
51	NA	13819	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FACTSET RESEARCH SYSTEMS INC

PO BOX 414756  
BOSTON, MA 02241

(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?
49 50	NA	12318	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

NEWTON INVESTMENT MANAGEMENT

86-1751460

(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?
51	NA	11993	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE TAX

86-1065772

(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 50	NA	11125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLEARWATER ANALYTICS

777 WEST MAIN STREET STE 900  
BOISE, ID 83702

(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?
49 50	NA	9795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**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)

THE BANK OF NEW YORK MELLON

13-5160382

(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 52	NA	8875	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

IBM CORPORATION

PO BOX 534151  
ATLANTA, GA 30353

(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?
49 50	NA	8315	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRUDENTIAL INSURANCE CO

22-1211670

(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?
51 52	NA	6975	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

**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)

BLOOMBERG FINANCE LP

731 LEXINGTON AVE  
NEW YORK, NY 10022

(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?
49 50	NA	6777	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAFI INDICES LLC

81-4400235

(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?
51	NA	5655	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

UNICOM SYSTEMS, INC.

95-4539998

(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?
49 50	NA	5065	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>		
<b>A</b> Name of plan <b>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>►</b>	<b>501</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>DESERET MUTUAL BENEFIT ADMINISTRATORS</b>	<b>D</b> Employer Identification Number (EIN) <b>87-0440163</b>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>BNYM MELLON CF SL STOCK INDEX FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>THE BANK OF NEW YORK MELLON</b>		
<b>c</b> EIN-PN <b>26-6254705-001</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>3509686</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>PAM BANK LOAN FUND LP</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>PAM BANK LOAN GP LLC</b>		
<b>c</b> EIN-PN <b>46-5076716-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>2252465</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>INTERNATIONAL EQUITY LONG-ONLY FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIERA CAPITAL INC.</b>		
<b>c</b> EIN-PN <b>47-5258900-002</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1667109</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>MONDRIAN INT'L EQUITY FOCUSED FUND</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>MONDRIAN INVESTMENT GROUP US, INC.</b>		
<b>c</b> EIN-PN <b>86-1718364-016</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>5581408</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
For calendar plan year 2022 or fiscal plan year beginning <b>01/01/2022</b> and ending <b>12/31/2022</b>		
<b>A</b> Name of plan <b>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN</b>		<b>B</b> Three-digit plan number (PN) <b>►</b> <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>DESERET MUTUAL BENEFIT ADMINISTRATORS</b>		<b>D</b> Employer Identification Number (EIN) <b>87-0440163</b>

Part I Asset and Liability Statement			
<b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	265070	295983
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>	51138908	50817409
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	14793868	11555954
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	439049	2298568
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	22477932	23913698
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	799803	1318824
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	27729412	26107371
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	33796615	26917271
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	30316651	34523363
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>		
<b>(8)</b> Participant loans.....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	4444890	3509686
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	3815375	9500982
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	231429742	169992692
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	29106	44486

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	421476421	360796287

**Liabilities**

<b>g</b> Benefit claims payable .....	<b>1g</b>	80878583	80652962
<b>h</b> Operating payables .....	<b>1h</b>	8765664	9243353
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	89644247	89896315

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	331832174	270899972
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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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	378435597	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	103779171	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	16905929	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		499120697
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	450889	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	64100	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	1477011	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1992000
<b>(2) Dividends: (A) Preferred stock</b> .....	<b>2b(2)(A)</b>	67450	
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	543154	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	3876229	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		4486833
<b>(3) Rents</b> .....	<b>2b(3)</b>		850666
<b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds</b> .....	<b>2b(4)(A)</b>	98380449	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	97333489	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		1046960
<b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate</b> .....	<b>2b(5)(A)</b>	2877386	
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	-12314039	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-9436653

		(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)		-836850
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		-24413944
c Other income .....	2c		
d Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		472809709
<b>Expenses</b>			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)	26182407	
(3) Other .....	2e(3)	490468403	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		516650810
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)	396187	
(2) Contract administrator fees .....	2i(2)	8071822	
(3) Investment advisory and management fees .....	2i(3)	445748	
(4) Other .....	2i(4)	8177344	
(5) Total administrative expenses. Add lines 2i(1) through (4) .....	2i(5)		17091101
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		533741911
<b>Net Income and Reconciliation</b>			
k Net income (loss). Subtract line 2j from line 2d .....	2k		-60932202
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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

**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
<b>4a</b>		X	

	Yes	No	Amount
<b>b</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	
<b>4b</b>		X	
<b>c</b> 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	
<b>4c</b>		X	
<b>d</b> 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	
<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		3000000
<b>4e</b>	X		3000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>4f</b>		X	
<b>g</b> 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	
<b>4g</b>		X	
<b>h</b> 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	
<b>4h</b>		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>4i</b>	X		
<b>j</b> 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		
<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>4k</b>		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>4l</b>		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>4m</b>		X	
<b>n</b> 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.			
<b>4n</b>			

**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 \_\_\_\_\_.

# Deseret Healthcare Employee Benefits Plan

Employer ID No: 87 0440163  
Plan Number: 501

Financial Statements as of December 31, 2022 and 2021,  
and for the Year Ended December 31, 2022,  
Supplemental Schedules as of and for the  
Year Ended December 31, 2022, and  
Independent Auditor's Report

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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## **INDEPENDENT AUDITOR'S REPORT**

Board of Directors  
Deseret Mutual Benefit Administrators:

### **Opinion**

We have audited the financial statements of Deseret Healthcare Employee Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan benefit obligations as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations for the year ended December 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of the Plan as of December 31, 2022 and 2021, and the changes in its net assets available for benefits and changes in its benefit obligations for the year ended December 31, 2022, in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

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

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 that 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**

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

In performing an audit in accordance with GAAS, we:

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

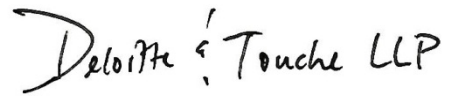
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2022 and of reportable transactions for the year ended December 31, 2022 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

October 12, 2023

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2022 AND 2021

(In thousands)

	2022	2021
ASSETS:		
Investments—at fair value:		
U.S. government securities	\$ 2,299	\$ 439
Corporate debt securities	23,703	22,182
Common stocks	25,308	26,926
Preferred stocks	1,243	593
Collective trusts	3,510	4,445
Registered investment companies	169,993	231,430
Limited partnerships	36,418	37,612
Real estate funds	34,523	30,316
Other	44	30
Securities on loan—pledged to creditors	1,086	1,306
Collateral held under securities lending agreements	914	1,153
Total investments	<u>299,041</u>	<u>356,432</u>
Net assets held in Deseret Mutual Employee Pension Plan Trust restricted for 401(h) account	23,450	27,875
Cash and cash equivalents	10,642	13,640
Accrued investment income	277	219
Contributions receivable	296	265
Amounts recoverable from third-party insurers	17,297	27,502
Other receivables	<u>33,243</u>	<u>23,418</u>
Total assets	<u>384,246</u>	<u>449,351</u>
LIABILITIES:		
Obligations under securities lending agreements	914	1,153
Accrued expenses and other liabilities	<u>8,329</u>	<u>7,612</u>
Total liabilities	<u>9,243</u>	<u>8,765</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 375,003</u>	<u>\$ 440,586</u>

See notes to financial statements.

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2022

(In thousands)

#### CONTRIBUTIONS:

Plan sponsors	\$ 378,436
Active and retired employees	103,779
Third-party reimbursements	<u>16,906</u>
Total contributions	<u>499,121</u>

#### INVESTMENT INCOME (LOSS):

Net appreciation (depreciation) in fair value of investments	(33,640)
Interest	1,992
Dividends	4,487
Rents	<u>850</u>
Net investment income (loss)	<u>(26,311)</u>

NET DECREASE IN NET ASSETS OF 401(H) ACCOUNT (4,425)

#### DEDUCTIONS:

Payments for benefits and claims:	
Health, dental, prescription drug, and disability	481,199
Death	(216)
Policyholder funds	<u>9,711</u>

Benefits and claims payments 490,694

HMO premiums	9,807
Reinsurance premiums	<u>16,376</u>

Premiums paid to insurance companies 26,183

Administrative expenses 17,091

Total deductions 533,968

DECREASE IN NET ASSETS (65,583)

#### NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 440,586

End of year \$ 375,003

See notes to financial statements.

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

### STATEMENTS OF PLAN BENEFIT OBLIGATIONS AS OF DECEMBER 31, 2022 AND 2021 (In thousands)

	2022	2021
AMOUNTS CURRENTLY PAYABLE:		
Claims payable to benefit providers and beneficiaries	\$ 4,073	\$ 3,350
Claims incurred but not reported and policy reserves	<u>76,580</u>	<u>77,529</u>
Total currently payable	<u>80,653</u>	<u>80,879</u>
POSTEMPLOYMENT BENEFIT OBLIGATIONS—Net of amounts currently payable—long-term medical and life benefits for disabled employees and surviving spouses	<u>51,594</u>	<u>60,387</u>
POSTRETIREMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:		
Retired participants	273,796	369,545
Other participants fully eligible for benefits	127,615	196,888
Participants not yet fully eligible for benefits	<u>191,254</u>	<u>355,624</u>
Total postretirement benefit obligations	<u>592,665</u>	<u>922,057</u>
TOTAL PLAN BENEFIT OBLIGATIONS	<u>\$ 724,912</u>	<u>\$ 1,063,323</u>

See notes to financial statements.

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

### STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS FOR THE YEAR ENDED DECEMBER 31, 2022 (In thousands)

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#### AMOUNTS CURRENTLY PAYABLE:

Balance—beginning of year	\$ 80,879
Claims reported and approved for payment—including benefits reclassified from postemployment and postretirement benefit obligations	485,485
Change in claims incurred but not reported	4,983
Claims paid	<u>(490,694)</u>
Balance—end of year	<u>80,653</u>

#### POSTEMPLOYMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:

Balance—beginning of year	60,387
Increase (decrease) in postemployment benefits attributable to:	
Benefits earned	1,093
Benefits reclassified to amounts currently payable	(16,604)
Interest	1,356
Changes in actuarial assumptions	(9,393)
Actuarial (gains) and losses and other changes	<u>14,755</u>
Balance—end of year	<u>51,594</u>

#### POSTRETIREMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:

Balance—beginning of year	922,057
Increase (decrease) in postretirement benefits during the year attributable to:	
Benefits earned	23,791
Benefits reclassified to amounts currently payable	(38,143)
Interest	24,309
Changes in actuarial assumptions	(334,183)
Actuarial (gains) and losses and other changes	<u>(5,166)</u>
Balance—end of year	<u>592,665</u>

TOTAL PLAN BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 724,912</u>
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See notes to financial statements.

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

## NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2022 AND 2021, AND FOR THE YEAR ENDED DECEMBER 31, 2022

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### 1. DESCRIPTION OF THE PLAN

The following description of the Deseret Healthcare Employee Benefits Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan’s provisions.

**General**—The Plan is a qualified employee health and welfare benefit plan for the benefit of companies and organizations affiliated with The Church of Jesus Christ of Latter-day Saints (the “Affiliate Organizations” or “Plan Sponsors”). The Plan offers group accident and health, group term life, long-term disability, waiver of premium and accidental death and dismemberment insurance coverages to substantially all eligible active and retired employees. Employee eligibility is based on each participating employer’s eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Deseret Mutual Benefit Administrators (DMBA) is the Plan trustee for the Deseret Healthcare Employee Benefits Trust (the “Trust”), which holds the assets for the Plan. DMBA is licensed as a Third-Party Administrator with the State of Utah. DMBA provides the Plan with management and administrative services. DMBA is a nonprofit corporation affiliated with The Church of Jesus Christ of Latter-day Saints and provides additional administrative services for the Plan Sponsors. The majority of the directors and officers of DMBA are also officers or employees of the Plan Sponsors.

**Benefits**—The Plan provides life insurance benefits as well as health benefits (such as medical, hospital, and dental), including a paid prescription program and health maintenance organization coverage to employees who are regularly scheduled to work at least 30 hours per week and qualified dependents and spouses. The basic life insurance benefit for current employees and retirees is \$50,000 and \$12,000, respectively. Supplemental life insurance is available for an additional premium for up to six times an employee’s salary, to a maximum of \$1,000,000. Medical benefits are generally subject to individual and family deductibles as well as co-payment of expenses up to a defined limit.

The Plan also provides a long-term disability benefit for employees who are eligible for health benefits. Participants can receive payments of up to 67% of eligible compensation upon proof of temporary or permanent disability.

Continuation coverage is available through the Plan with certain time limitations to eligible employees whose employment is interrupted because of furlough, suspension or dismissal and employees whose hours are reduced to the extent that the employee is no longer eligible for benefits. Continuation coverage is subject to the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Plan also offers life insurance conversion privileges.

DMBA processes all benefit claims for the Plan except for long-term disability and prescription drug benefits, which are paid by two outsourced service providers and then reimbursed by the Plan. The Plan pays premiums to several health maintenance organizations to provide coverage of health benefits for participants who elect coverage outside the options provided directly by the Plan. The Plan also



pays premiums to other insurance providers under risk sharing arrangements that limit the Plan's exposure for life, long-term disability, and group health benefits (see Note 4).

The Plan provides postretirement medical, dental, and life insurance benefits to full-time employees who meet minimum age and service requirements. These benefits extend to surviving spouses.

**Contributions**—The Plan is funded by premium contributions from Plan Sponsors and participating active and retired employees. Premium contribution amounts are determined annually by the Plan's actuaries and approved by the Board of Trustees.

Premiums related to postretirement benefits are shared by the Plan Sponsors and participating retirees. In addition to deductibles, coinsurance, and copayments, participating retirees' contributions in the current and prior year are described below. As of December 31, 2022 and 2021, retirees pay the cost of providing their postretirement benefits in excess of the employer's contribution as specified in the following abbreviated schedule of employer contribution "caps" (the schedule shows only the amounts for retirees with single coverage):

Participants Years	January 1, 2023 Retiree Contribution					January 1, 2022 Retiree Contribution		
	Retiring Ages	Service	Pre-65 Medical	Post-65 Medical	Life Insurance	Pre-65 Medical	Post-65 Medical	Life Insurance
Pre-1992	65 or later	5 plus years	Excess of \$459 per month, or about 27 % of the total cost	Excess of \$103 to \$153 per month (by age*), or about 53% of the total cost	Excess of \$30 per month (22% of the total cost)	Excess of \$416 per month, or about 27 % of the total cost	Excess of \$100 to \$150 per month (by age*), or about 53% of the total cost	Excess of \$30 per month (22% of the total cost)
Pre-1992	55 to 64	10 plus years						
1992–1996	55 or later	10 plus years						
1997 and after	55 or later	20 plus years						
Grading down by years of service to the following minimum service requirements: Caps grade down to the following minimum employer premium amounts:								
1992–1996	55 or later	5 years	Excess of \$229 per month, or about 63% of the total cost	Excess of \$51 to \$101 per month (by age*), or about 76% of the total cost	Excess of \$15 per month (61% of the total cost)	Excess of \$208 per month, or about 64% of the total cost	Excess of \$50 to \$100 per month (by age*), or about 77% of the total cost	Excess of \$15 per month (61% of the total cost)
1997 and after	55 or later	10–11 years						

\* Employer contributes an additional \$50 per month for retirees who were age 80 and above as of August 1, 2004.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Presentation**—The accompanying financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP).

**Use of Estimates**—The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual amounts could differ from those estimates. Estimated valuations are developed for investments in real estate funds and limited partnerships as well as certain debt and equity securities. Additional disclosures regarding these estimates are provided in Note 5. Estimates are also used in the valuation of liabilities under insurance policies, life and other contingencies.

**Risks and Uncertainties**—The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The actuarial present value of postemployment and postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimations and assumptions in the near term could materially affect the financial statements.

**Claims Incurred But Not Reported**—The Plan's liability for active participant claims incurred but unreported at year-end is estimated using actuarial methods that use historical trend information developed through studies of medical claim lag patterns incurred in the prior years. Factors were then applied to paid claims amounts to estimate claims incurred but not reported at year-end. The estimated liabilities for retired participants' health claims incurred but unreported as of December 31, 2022 and 2021, are included in the postretirement benefit obligation. These amounts are paid by the Plan only if claims are submitted and approved for payment.

**Claims Paid**—Claims are recorded as paid when paid by the claims administrator.

**Investment Valuation and Income Recognition**—Plan assets are contained in the Trust. The Plan's investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for description of valuation methods.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income is reported gross of investment expenses and includes net appreciation (depreciation), which represents the Plan's gains and losses on investments bought and sold as well as held during the year. Realized gains or losses on disposal of domestic equity securities, are determined on a weighted average cost basis. Realized gains or losses on disposal of real estate funds and limited partnerships are determined on a specific identification basis. Realized gains or losses on all other investments are determined on a first-in-first-out cost basis.

**Obligations under Securities Lending Arrangements**—The Plan participates in securities lending agreements, whereby certain securities are loaned and the Plan receives cash from the borrower, which serves as collateral. The Plan does not have the right to sell or pledge the collateral. Securities loaned are included in securities on loan—pledged to creditors in the financial statements and are stated at fair value. The fair value of securities loaned is measured against the cash collateral received on a daily basis.

Approximately \$1.1 million and \$1.3 million of the Plan's securities were on loan under the securities lending program at December 31, 2022 and 2021, respectively. The fair value of the collateral received as a percentage of the total current value of the securities on loan by the Plan was approximately 102% for both years presented. Collateral received is presented in the financial statements as collateral held under securities lending agreements. At December 31, 2022 and 2021, approximately \$0.2 million and \$0.2 million, respectively, of non-cash securities were not recognized in the financial statements as the

Plan did not have the right to sell or pledge these securities. Income from the program was not significant for the year ended December 31, 2022.

Plan assets on loan to third-party borrowers under securities lending agreements as of December 31, 2022 and 2021, are as follows (in thousands):

	2022	2021
Corporate debt securities	\$ 211	\$ 296
Common stocks	799	803
Preferred stocks	<u>76</u>	<u>207</u>
Securities on loan—pledged to creditors	<u>\$ 1,086</u>	<u>\$ 1,306</u>

**Administrative Expenses**—Expenses incurred for the administration of the Plan are based on customary and reasonable rates for such services. Affiliate Organizations sponsoring the Plan pay administrative fees to DMBA directly, and such amounts totaled approximately \$31.9 million for the year ended December 31, 2022. Other administrative expenses, including costs paid to the service organizations to process prescription drug claims and long-term disability claims, are paid from the assets of the Plan.

**401(h) Account**—Certain participants are covered under the Deseret Mutual Master Retirement Plan (the “Pension Plan”), which includes a medical benefit component in addition to the normal retirement benefit to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account has been established and maintained in the Pension Plan for such contributions. In accordance with IRC Section 401(h), the Pension Plan’s investments in the 401(h) Account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health and welfare benefits are not included in the Pension Plan’s accumulated plan benefit obligations, but are reflected as an obligation in the financial statements of the Plan.

**Postretirement Benefits**—The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Affiliated Organizations. The postretirement benefit obligation represents the amount that is to be funded from existing Plan assets and by contributions from the Affiliated Organizations. Assets from the Deseret Mutual Retiree Medical and Life Plan Trust and from the 401(h) Account within the Pension Plan are set up to fund the postretirement benefit obligation. The postretirement benefit obligation at year end is estimated by the Plan’s actuary in accordance with accepted actuarial principles.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary, and is the amount that results from applying actuarial assumptions to estimated future costs expected to be funded by contributions from the Affiliated Organizations and from existing Plan assets, adjusted for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a dynamic health care cost trend rate is used to predict estimated claims costs by age group and by claim type. The base trend rates for 2022 and 2021 were assumed to be 9.5% and 7.6%, respectively, for commercial medical claims, 6.0% and 5.7%, respectively, for Medicare supplement claims, and decrease to 3.9% for commercial medical claims and 3.9% for Medicare supplement claims in 2075 based on models published by the Society of Actuaries.

The health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the rate increased by one percentage point for each future year, the obligation as of December 31, 2022 and 2021, would increase by approximately \$71.0 million and \$145.4 million, respectively.

Other significant assumptions used to determine the postretirement benefit obligation at December 31, 2022 and 2021, were as follows:

- Weighted average discount rates of 5.0% and 2.7%, respectively.
- Average retirement age of 64.1 and 63.9 years old, respectively.
- Mortality rates from DMBA-adjusted White Collar Pri-2012 tables with projection scale MP-2021 (with COVID-19 adjustments through 2023).

The foregoing assumptions are based on the presumption that the Plan will continue. If the Plan terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the "Act") was signed into law. The Act introduces a prescription drug benefit under Medicare ("Medicare Part D") as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. Plan Sponsors and their actuarial advisors determined that benefits provided to certain participants are expected to be at least actuarially equivalent to Medicare Part D, and, accordingly, the Plan expects to be entitled to a federal subsidy under the Act. The Plan's postretirement benefit obligation in the statements of plan benefit obligations as of December 31, 2022 and 2021, and the changes in the postretirement benefit obligation in the statement of changes in plan benefit obligations for the year ended December 31, 2022, do not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy. The postretirement benefit obligation in the Plan's financial statements differs from that disclosed in the Trust financial statements since the Trust amounts are reported net of the Medicare subsidy in accordance with GAAP for the preparation of such financial statements.

**Postemployment Benefit Obligations**—Postemployment benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employees' services rendered prior to disability or death.

The assumptions used to determine the postemployment benefit obligation at December 31, 2022 and 2021, were as follows:

- Weighted average discount rates used of 5.0% and 2.6%, respectively.
- Disability termination rates were taken from the Group Long-Term Disability 2012 Valuation Table.

- Mortality rates from DMBA-adjusted White Collar Pri-2012 tables with projection scale MP-2021 (with COVID-19 adjustments through 2023).
- Annual premium rate increases for dental coverage of 3.5% next year and 3.0% beyond.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postemployment benefit obligation.

**Other Plan Benefits**—Plan obligations at December 31, 2022 and 2021, for future disability payments to participants with long-term disabilities at December 31, 2022 and 2021, are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of plan benefit obligations at present value. The benefits payable are based on the 2012 Group Long Term Disability (GLTD) valuation table adjusted for the Plan's historical loss experience per the 2012 GLTD instructions at 4.5% and 1.75% interest rate for the years ended December 31, 2022 and 2021, respectively.

Plan obligations for accident and health and life claims incurred but not reported at year-end are estimated by the Plan's actuary in accordance with accepted actuarial principles. Amounts are developed using the estimated unpaid accident and health and life claims, and health and life policy reserves based on the Plan's actual loss experience.

**Refunds**—Refunds due from a Plan's pharmacy benefits manager are recorded when earned. Refunds due as of the financial statement date are reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$37.9 million have been netted with claims paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2022.

### **3. BENEFIT OBLIGATIONS FUNDING**

The Plan's deficiency of net assets over benefit obligations at December 31, 2022 and 2021, relates primarily to the postretirement benefit obligation, the funding of which is only partially covered by the contributions already provided by the Affiliate Organizations. It is expected that the deficiency will be funded through future contributions provided by Affiliate Organizations.

### **4. RISK SHARING ARRANGEMENTS WITH THIRD-PARTY INSURERS**

The Plan has risk sharing stop loss arrangements with third party insurers providing medical catastrophe coverage for qualified claims involving three or more lives in excess of \$1.5 million per occurrence, up to a maximum of \$1.0 million per life. The medical catastrophe maximum is \$55 million per event. The Plan also has arrangements to provide coverage when qualified pandemic related medical claims exceed \$5 million with a maximum payable of \$55 million, up to a maximum of \$2.0 million per life. In addition, the Plan has arrangements that cede between 87.5% and 100% of risk for qualified life and accidental death claims.

The Plan entered into an agreement effective January 1, 2014, that cedes 90% of the risk for long-term disability claims which occurred after January 1, 2014. The Plan has not ceded any risk related to claims incurred prior to January 1, 2014.

Premiums paid to insurance companies under stop loss arrangements are summarized on the statement of changes in net assets available for benefits. During the year ended December 31, 2022,

the Plan recovered or expects to recover approximately \$7.9 million of benefits and claims paid from third-party insurers as a result of these arrangements. Such amounts are netted against benefits and claims payments in the statement of changes in net assets available for benefits. Amounts recoverable from third-party insurers at December 31, 2022 and 2021, are included as a receivable on the statements of net assets available for benefits.

The Plan remains obligated for amounts ceded in the event that the third-party insurers do not meet their obligations.

## 5. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

**Level 1**—refers to securities valued using unadjusted quoted prices from active markets for identical assets

**Level 2**—refers to securities not traded on an active market but for which observable market inputs are readily available

**Level 3**—refers to securities valued based on significant unobservable inputs.

Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

**Asset Valuation Techniques**—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value.

**U.S. Government Securities**—These investments are valued using pricing models maximizing the use of observable inputs for similar securities and are included in Level 2.

**Corporate Debt Securities**—These investments are valued using pricing models maximizing the use of observable inputs for similar securities and are primarily included in Level 2. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available. In these cases, the securities are included in Level 3.

**Registered Investment Companies**—These investments are mutual funds valued at the daily closing price as reported by the registered investment company. Registered investment companies held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. All mutual funds held by the Plan with observable trading volume are deemed to be actively traded and are included in Level 1.

**Common and Preferred Stocks**—These investments are valued at the closing price reported on the active market on which the individual securities are traded and are included in Level 1. Preferred stocks with limited trading activity are deemed to be Level 2.

**Government Agency and Private Mortgage-Backed Securities**—These investments are valued using pricing models maximizing the use of observable inputs and are generally included in Level 2. These models first consider available trade information for identical or similar bonds. In the absence of available trade information, the securities are valued using an industry standard valuation tool to model cash flows for the tranche held. The significant inputs for the valuation model include the following: (a) prepayment and default projections based on historical statistics of the underlying collateral and current market data; (b) current yields of instruments with similar credit ratings; (c) consideration of liquidity risks.

The following tables present the Plan's fair value hierarchy for its assets measured at fair value, including securities on loan—pledged to creditors, as of December 31, 2022 (in thousands):

Fair Value Measurements as of December 31, 2022				
	Level 1	Level 2	Level 3	Total
Investments—at fair value:				
U.S. government securities—government agency mortgage-backed securities	\$ -	\$ 2,299	\$ -	\$ 2,299
Corporate debt securities	-	23,559	355	23,914
Common stocks	26,107	-	-	26,107
Preferred stocks	1,319	-	-	1,319
Registered investment companies	169,993	-	-	169,993
Other	-	44	-	44
Total	<u>197,419</u>	<u>25,902</u>	<u>\$ 355</u>	223,676
Investments measured at NAV				74,451
Collateral held under securities lending agreements				<u>914</u>
Total investments—at fair value				<u>\$299,041</u>
Investments in 401(h) account:				
U.S. government securities—U.S. Treasury and agency debt	\$ -	\$ 2,846	\$ -	\$ 2,846
U.S. government securities—government agency mortgage-backed securities	-	438	-	438
Corporate debt securities	-	3,059	61	3,120
Corporate debt securities—private mortgage-backed securities	-	281	8	289
Preferred stocks	22	-	5	27
Common stocks	1,195	-	2	1,197
Registered investment companies	2,594	-	-	2,594
Other	-	180	-	180
Total	<u>\$ 3,811</u>	<u>\$ 6,804</u>	<u>\$ 76</u>	10,691
Investments measured at NAV				<u>12,182</u>
Total investments in 401(h) account				<u>\$ 22,873</u>

The following tables present the Plan's fair value hierarchy for its assets measured at fair value, including securities on loan—pledged to creditors (Note 2), as of December 31, 2021 (in thousands):

	Fair Value Measurements as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Investments—at fair value:				
U.S. government securities—government agency mortgage-backed securities	\$ -	\$ 439	\$ -	\$ 439
Corporate debt securities	-	22,179	299	22,478
Common stocks	27,729	-	-	27,729
Preferred stocks	800	-	-	800
Registered investment companies	231,430	-	-	231,430
Other	-	30	-	30
Total	<u>\$259,959</u>	<u>\$22,648</u>	<u>\$299</u>	282,906
Investments measured at NAV				72,373
Collateral held under securities lending agreements				<u>1,153</u>
Total investments—at fair value				<u>\$356,432</u>
Investments in 401(h) account:				
U.S. government securities—U.S. Treasury and agency debt	\$ -	\$ 150	\$ -	\$ 150
U.S. government securities—government agency mortgage-backed securities	-	1,054	1	1,055
Corporate debt securities	-	1,229	91	1,320
Corporate debt securities—private mortgage-backed securities	-	512	32	544
Preferred stocks	66	-	4	70
Common stocks	4,248	-	11	4,259
Registered investment companies	4,210	-	-	4,210
Other	-	5	-	5
Total	<u>\$ 8,524</u>	<u>\$ 2,950</u>	<u>\$139</u>	11,613
Investments measured at NAV				<u>14,347</u>
Total investments in 401(h) account				<u>\$ 25,960</u>



**Investments Measured Using Net Asset Value**—The following table shows investments that are valued using net asset value. The net asset value is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value. In addition, the table provides unfunded commitment amounts and a general description of the terms and conditions upon which the Plan may redeem these investments as of December 31, 2022 and 2021 (in thousands).

Fair Value Measurements of Investments in Entities that Calculate Net Asset Value as of December 31, 2022				
	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Investments—at fair value:				
Collective trusts	\$ 3,510	\$ -	Daily	5 days
Real estate—open end funds	32,189	1,000	Quarterly/annually	Management discretion or 45 days-90 days
Real estate—closed end funds	2,334	135	N/A	N/A
Limited partnerships—open end funds	14,356	-	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end funds	<u>22,062</u>	<u>6,349</u>	N/A	N/A
Total	<u>\$ 74,451</u>	<u>\$ 7,484</u>		
Investments in 401(h) account:				
Pooled separate accounts	\$ 607	\$ -	2 days-monthly	Same day-30 days
Collective trusts	1,890	-	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—open end funds	2,049	49	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—closed end funds	296	102	N/A	N/A
Limited partnerships—open end	725	21	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end	<u>6,615</u>	<u>2,103</u>	N/A	N/A
Total	<u>\$ 12,182</u>	<u>\$ 2,275</u>		

**Fair Value Measurements of Investments in Entities  
that Calculate Net Asset Value as of December 31, 2021**

	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency (If Currently Eligible)</b>	<b>Redemption Notice Period</b>
Investments—at fair value:				
Collective trusts	\$ 4,445	\$ -	Daily	5 days
Real estate—open end funds	27,646	-	Quarterly/annually	Management discretion or 45 days-90 days
Real estate—closed end funds	2,670	135	N/A	N/A
Limited partnerships—open end funds	19,504	-	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end funds	<u>18,108</u>	<u>8,181</u>	N/A	N/A
Total	<u>\$72,373</u>	<u>\$8,316</u>		
Investments in 401(h) account:				
Pooled separate accounts	\$ 671	\$ -	2 days-monthly	Same day-30 days
Collective trusts	3,771	-	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—open end funds	1,859	45	Quarterly-annually	Management discretion or 45 days-90 days
Real estate—closed end funds	381	178	N/A	N/A
Limited partnerships—open end	1,499	21	Semi-monthly-annually	Management discretion or 5 days-90 days
Limited partnerships—closed end	<u>6,166</u>	<u>2,466</u>	N/A	N/A
Total	<u>\$14,347</u>	<u>\$2,710</u>		

**Real Estate—Open End Funds, Pooled Separate Accounts and Collective Trusts**—These categories include several real estate funds that invest primarily in core, well-leased, operating U.S. commercial real estate with a focus on income. The fair values of the investments in these categories are estimated using the net asset value of the fund. These investments can be redeemed from the funds, at the discretion of fund management, quarterly through a redemption request. The request must give notice varying from 45 days to 90 days before the redemption will be made. In 2022 and 2021, all redemption requests were fulfilled.

**Real Estate—Closed End Funds**—This category includes several real estate funds that invest primarily in U.S. commercial real estate. The fair values of the investments in this category are estimated using the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the fund are liquidated. It is estimated that the underlying assets of the fund will be liquidated over the next two to six years.

**Limited Partnerships—Open End**—This category includes a hedge fund. The fair value of this investment is estimated based upon the net asset value of the Plan's ownership interest in the partner's capital. The investment may be redeemed semi-monthly.

**Limited Partnerships—Closed End**—This category includes several private equity funds that invest in special situations, mezzanine and distressed debt. The fair values of the investments in this category are estimated based upon the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund. If these investments were held, it is estimated that the underlying assets of the fund would be liquidated over four to nine years.

## 6. 401(h) ACCOUNT

A portion of the Plan's obligation is funded through contributions to the Deseret Mutual Master Retirement Plan in accordance with Section 401(h) of the Internal Revenue Code. The following table presents the components of the net assets available for such postretirement benefit obligations and the related changes in net assets available for benefits as of December 31, 2022 and 2021, and for the year ended December 31, 2022 (in thousands):

<b>Statements of Net Assets Available for Benefits</b>	<b>2022</b>	<b>2021</b>
Assets:		
Investments—at fair value	\$ 22,873	\$ 25,960
Cash and cash equivalents	879	554
Accrued investment income	74	27
Contributions receivable		1,639
Collateral—future and options	30	3
Other receivables	<u>4</u>	<u>108</u>
Total assets	<u>23,860</u>	<u>28,291</u>
Liabilities:		
Obligations under securities lending	328	125
Accrued expense and other liabilities	<u>82</u>	<u>291</u>
Total liabilities	<u>410</u>	<u>416</u>
Net assets available for benefits in 401(h) Account	<u>\$ 23,450</u>	<u>\$ 27,875</u>
<b>Statement of Changes in Net Assets Available for Benefits</b>		<b>2022</b>
Investment income (loss):		
Net depreciation in fair value of investments		\$ (3,504)
Interest		304
Dividends		157
Rents		<u>52</u>
Net investment loss		<u>(2,991)</u>
Deductions:		
Benefit payments		1,365
Administrative expenses		<u>69</u>
Total deductions		<u>1,434</u>
Net decrease in net assets available		<u>\$ (4,425)</u>

## 7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Fees paid during the year for administrative services rendered by parties-in-interest were based on customary and reasonable rates for such services and are paid by the Affiliate Organizations.

## 8. FEDERAL INCOME TAX STATUS

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated August 28, 1990, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the "Code") as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the related Trust is tax exempt. No provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2022 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in 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.

## 9. PLAN TERMINATION PROVISIONS

Although there is no intent to do so, Plan Sponsors have the right under the Plan to modify benefits, discontinue contributions, and terminate the Plan subject to the provisions set forth in ERISA. Upon termination, the assets then remaining shall be subject to the applicable provisions of the Plan then in effect and shall be used until exhausted to pay benefits to employees in the order of their entitlement.

## 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of amounts reported in the Plan's financial statements to amounts reported in the Form 5500 is required by ERISA. The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2022 and 2021 (in thousands):

	2022	2021
Net assets available for benefits per the financial statements	\$ 375,003	\$ 440,586
Less:		
Claims payable, claims incurred but not reported, and policy reserves	(80,653)	(80,879)
Net assets held in Deseret Mutual Employee Pension Plan Trust restricted for 401(h) account	<u>(23,450)</u>	<u>(27,875)</u>
Net assets available for benefits per the Form 5500	<u>\$ 270,900</u>	<u>\$ 331,832</u>

The following is a reconciliation of benefits and claims payments per the financial statements to the Form 5500 for the year ended December 31, 2022 (in thousands):

Amounts paid per the financial statements	\$ 490,694
Add claims payable, claims incurred but not reported, and policy reserves—December 31, 2022	80,653
Less claims payable, claims incurred but not reported, and policy reserves—December 31, 2021	<u>(80,879)</u>
Amounts paid per the Form 5500	<u>\$ 490,468</u>

Claims payable, claims incurred but not reported, policy reserves, and premiums due to insurers are reported as benefit obligations in the financial statements, but are recorded as Plan liabilities on the Form 5500.

A reconciliation of decrease in net assets for the year ended December 31, 2022, is as follows:

Decrease in net assets per the financial statements	\$ (65,583)
Less net decrease in 401(h) account	4,425
Less change in claims payable, claims incurred but not reported, and policy reserves	<u>226</u>
Net income (loss) per Form 5500	<u>\$ (60,932)</u>

## 11. SUBSEQUENT EVENTS

The Plan has performed an evaluation of its subsequent events through October 12, 2023, which is the date the financial statements were available to be issued, and noted no events requiring recognition or disclosure.

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## **SUPPLEMENTAL SCHEDULES**

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

### FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
U.S. GOVERNMENT SECURITIES:						
38374D8E2	GNR 2013-058 C	2.500	4/20/2043	230,549	\$ 228,378	\$ 185,319
3133ENZH6	FEDERAL FARM CREDIT BANKS FUNDING CORP	5.480	6/27/2042	2,000,000	2,000,000	1,877,312
912796W47	UNITED STATES TREASURY	-	5/18/2023	240,000	235,916	235,937
				2,470,549	2,464,295	2,298,568
CORPORATE DEBT INSTRUMENTS:						
06051GF80	BANK OF AMERICA CORP	4.125	1/22/2024	1,000,000	1,004,779	991,316
456866AK8	TRANE TECHNOLOGIES CO LLC	6.391	11/15/2027	400,000	400,000	414,896
525ESC8C6	LEHMAN BROTHERS HOLDINGS	6.000	1/1/2049	440,000	-	343
61746BCY0	MORGAN STANLEY	6.250	8/9/2026	1,000,000	1,080,709	1,047,010
166754AP6	CHEVRON PHILLIPS CHEMICAL COMPANY LLC	3.400	12/1/2026	1,000,000	999,017	938,752
828807CY1	SIMON PROPERTY GROUP LP	3.250	11/30/2026	1,000,000	987,338	936,359
233851CU6	MERCEDES-BENZ FINANCE NORTH AMERICA LLC	3.450	1/6/2027	1,000,000	998,218	940,292
20030NBY6	COMCAST CORP	3.300	2/1/2027	1,000,000	999,129	943,660
92343VDY7	VERIZON COMMUNICATIONS INC	4.125	3/16/2027	1,000,000	996,492	975,337
82938NAC8	SINOPEC GROUP OVERSEAS DEVELOPMENT (2017) LTD	3.625	4/12/2027	1,000,000	996,941	961,520
05348EBA6	AVALONBAY COMMUNITIES INC	3.350	5/15/2027	350,000	348,886	325,595
313747AY3	FEDERAL REALTY OP LP	3.250	7/15/2027	500,000	497,745	460,215
67077MAE8	NUTRIEN LTD	4.000	12/15/2026	1,000,000	995,896	962,748
06051GJL4	BANK OF AMERICA CORP	1.922	10/24/2031	400,000	392,917	305,953
29364N108	ENTERGY MISSISSIPPI LLC	4.900	10/1/2066	101,562	2,537,287	2,061,719
05580M827	B RILEY FINANCIAL INC	5.500	3/31/2026	9,560	239,000	210,798
90365EAA7	UIRC-GSA HOLDINGS III LLC	3.500	4/30/2026	1,000,000	1,000,000	929,690
233331859	DTE ENERGY CO	5.250	12/1/2077	58,400	1,460,000	1,251,512
24718PAA5	BORGWARNER JERSEY LTD	5.000	10/1/2025	450,000	483,757	435,366
039483AM4	ARCHER-DANIELS-MIDLAND CO	7.500	3/15/2027	550,000	684,433	606,109
26441C402	DUKE ENERGY CORP	5.625	9/15/2078	14,500	371,446	330,600
00726LAA4	ADOMNI, INC.	5.500	10/15/2024	137,500	137,500	131,161
29364WAT5	ENTERGY LOUISIANA LLC	5.000	7/15/2044	600,000	631,482	530,960
05580M793	B RILEY FINANCIAL INC	5.000	12/31/2026	7,360	184,000	153,530
88675PAD5	TIGO ENERGY, INC.	5.500	1/15/2025	191,667	191,667	188,894
216378AA7	COOKS VENTURE, INC.	5.500	1/15/2025	230,000	230,000	224,066
744320AM4	PRUDENTIAL FINANCIAL INC	5.625	6/15/2043	385,000	389,513	378,263
637432MT9	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	4.750	4/30/2043	266,000	265,045	246,715
29364W108	ENTERGY LOUISIANA LLC	4.875	9/1/2066	60,000	1,498,798	1,219,500
53636CAA2	LIQUILIDE INC.	5.500	2/24/2026	230,000	230,000	215,954
29290BAA1	ENCELADUS DEVELOPMENT VENTURE III LLC	10.000	11/15/2023	1,100,000	1,100,000	1,095,050
45845PAA6	INTERCEPT PHARMACEUTICALS INC	3.250	7/1/2023	23,000	21,952	22,541
75574U200	READY CAPITAL CORP	7.000	8/15/2023	600	15,000	15,024
200300606V2	Comcast Corporation 2.0% Debentures	2.000	11/15/2029	700	48,789	39,900
55272XAA0	MFA FINANCIAL INC	6.250	6/15/2024	25,000	25,071	22,375
74348AT9	PROSPECT CAPITAL CORP	6.375	3/1/2025	20,000	20,145	19,926
868459AD0	SUPERNU PHARMACEUTICALS INC	0.625	4/1/2023	16,000	15,717	15,720
87900YAE3	TEEKAY CORP	5.000	1/15/2023	23,000	22,930	23,003
62957HAB1	NABORS INDUSTRIES INC	0.750	1/15/2024	29,000	26,903	26,680
552848AB9	MGIC INVESTMENT CORP	9.000	4/1/2063	19,000	16,042	25,432
25470MAD1	DISH NETWORK CORP	2.375	3/15/2024	23,000	22,142	20,723
43940TAB5	HOPE BANCORP INC	2.000	5/15/2038	9,000	8,928	8,793
001ESC9D6	AMR CORP ESCROW	-	12/29/2049	10,000	2,137	-
530715AL5	LIBERTY INTERACTIVE LLC	3.750	2/15/2030	33,685	26,316	11,453
B33899AC7PP	ECONOCOM GROUP SE	0.500	3/6/2023	17,189	16,498	17,497
21870UAC0	COREENERGY INFRASTRUCTURE TRUST INC	5.875	8/15/2025	38,000	34,354	26,423
34984VAC4	FORUM ENERGY TECHNOLOGIES INC	9.000	4/8/2025	21,717	21,074	23,103
878155AE0	TEAM INC	5.000	8/1/2023	25,000	24,782	22,125
03762UAC9	APOLLO COMMERCIAL REAL ESTATE FINANCE INC	5.375	10/15/2023	28,000	28,023	27,230
893830BJ7	TRANSOCEAN INC	0.500	1/30/2023	30,000	29,787	28,838
163092AF6	CHEGG INC	-	9/1/2026	27,000	23,208	21,179
81141RAG5	SEA LTD	0.250	9/15/2026	24,000	19,626	17,580
F54833CS9	KORIAN SE	0.875	3/6/2027	22,151	48,139	15,360
70932AAFO	PENNYMAC CORP	5.500	3/15/2026	15,000	15,000	12,141
405024AB6	HAEMONETICS CORP	-	3/1/2026	22,000	19,267	18,179
256163AD8	DOCUSIGN INC	-	1/15/2024	20,000	18,933	18,800
679295AF2	OKTA INC	0.375	6/15/2026	29,000	23,609	24,360
76680RAH0	RINGCENTRAL INC	-	3/15/2026	29,000	22,555	22,765
483548AFO	KAMAN CORP	3.250	5/1/2024	101,000	102,523	93,880
229050AC3	CRYOPORT INC	0.750	12/1/2026	26,000	18,976	19,061
531229AJ1	LIBERTY MEDIA CORP	2.750	12/1/2049	120,000	116,087	109,380
06739GCF4	BARCLAYS BANK PLC	-	2/18/2025	150,000	157,720	157,080

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
25155MKU4	DEUTSCHE BANK AG (LONDON BRANCH)	1.000	5/1/2023	140,000	\$ 141,168	\$ 153,888
531229AB8	LIBERTY MEDIA CORP	1.375	10/15/2023	80,000	81,505	98,520
09709TED9	BOFA FINANCE LLC	0.250	5/1/2023	130,000	131,691	130,000
00922RAB1	AIR TRANSPORT SERVICES GROUP INC	1.125	10/15/2024	40,000	40,029	41,452
42330PAK3	HELIX ENERGY SOLUTIONS GROUP INC	6.750	2/15/2026	27,000	25,675	37,304
00971TAL5	AKAMAI TECHNOLOGIES INC	0.375	9/1/2027	130,000	141,865	125,190
875372AA2	TANDEM DIABETES CARE INC	1.500	5/1/2025	55,000	56,379	49,753
70509VAA8	PEBBLEBROOK HOTEL TRUST	1.750	12/15/2026	60,000	60,864	49,350
866082AA8	SUMMIT HOTEL PROPERTIES INC	1.500	2/15/2026	30,000	30,661	25,620
76029LAA8	REPAY HOLDINGS CORP	- .000	2/1/2026	5,000	5,000	3,652
55024UAD1	LUMENTUM HOLDINGS INC	0.500	12/15/2026	52,000	59,067	44,590
404139AG2	INNOVATE CORP.	7.500	8/1/2026	30,000	30,079	24,018
23248VAB1	CYBERARK SOFTWARE LTD	-	11/15/2024	25,000	26,811	26,454
59064RAA7	MESA LABORATORIES INC	1.375	8/15/2025	70,000	72,371	62,860
629377CG5	NRG ENERGY INC	2.750	6/1/2048	45,000	49,330	44,483
71639TAB2	PETIQ INC	4.000	6/1/2026	55,000	60,528	45,375
472145AF8	JAZZ INVESTMENTS I LTD	2.000	6/15/2026	55,000	61,386	65,381
596278AB7	MIDDLEBY CORP	1.000	9/1/2025	45,000	49,479	52,898
784730AB9	SSR MINING INC	2.500	4/1/2039	60,000	64,610	67,050
88331LAA6	BEAUTY HEALTH CO	1.250	10/1/2026	60,000	53,038	45,360
501812AB7	LCI INDUSTRIES	1.125	5/15/2026	25,000	25,000	21,063
13469VAA6	CAMTEK LTD	-	12/1/2026	40,000	40,965	30,220
252131AK3	DEXCOM INC	0.250	11/15/2025	50,000	54,259	54,375
40131MAB5	GUARDANT HEALTH INC	-	11/15/2027	20,000	20,303	12,438
844741BG2	SOUTHWEST AIRLINES CO	1.250	5/1/2025	45,000	52,562	54,045
009066AB7	AIRBNB INC	-	3/15/2026	90,000	85,003	74,070
82452JAB5	SHIFT4 PAYMENTS INC	-	12/15/2025	30,000	28,492	29,719
40637HAD1	HALOZYME THERAPEUTICS INC	0.250	3/1/2027	45,000	42,692	43,566
345370CZ1	FORD MOTOR CO	- .000	3/15/2026	65,000	70,806	61,328
45245EAI8	IMAX CORP	0.500	4/1/2026	35,000	34,533	29,519
83417MAD6	SOLAREEDGE TECHNOLOGIES INC	-	9/15/2025	10,000	10,782	12,415
10482BAB7	BRAEMAR HOTELS & RESORTS INC	4.500	6/1/2026	55,000	56,412	51,886
45867GAC5	INTERDIGITAL WIRELESS INC	3.500	6/1/2027	95,000	94,831	89,775
477839AB0	JOHN BEAN TECHNOLOGIES CORP	0.250	5/15/2026	15,000	15,758	12,878
207410AG6	CONMED CORP	2.250	6/15/2027	35,000	35,473	31,885
17330FSU1	CITIGROUP GLOBAL MARKETS HOLDINGS INC	0.125	6/17/2027	105,000	104,998	107,132
22410JAB2	CRACKER BARREL OLD COUNTRY STORE INC	0.625	6/15/2026	55,000	54,238	46,956
09857LAN8	BOOKING HOLDINGS INC	0.750	5/1/2025	60,000	70,431	79,914
82452JAD1	SHIFT4 PAYMENTS INC	0.500	8/1/2027	15,000	15,218	12,623
09709UV70	BOFA FINANCE LLC	0.600	5/25/2027	85,000	86,508	97,784
02081GAB8	ALPHATEC HOLDINGS INC	0.750	8/1/2026	20,000	19,412	18,276
02043QAA5	ALNYLAM PHARMACEUTICALS INC	1.000	9/15/2027	30,000	30,038	32,475
48133DL24	JPMORGAN CHASE FINANCIAL COMPANY LLC	0.500	6/15/2027	60,000	64,752	72,630
750481AA1	RADIUS GLOBAL INFRASTRUCTURE INC	2.500	9/15/2026	50,000	44,895	43,843
852234AD5	BLOCK INC	0.500	5/15/2023	15,000	15,531	15,548
090043AB6	BILL.COM HOLDINGS INC	-	12/1/2025	50,000	53,899	51,150
665531AH2	NORTHERN OIL AND GAS INC	3.625	4/15/2029	25,000	26,779	26,875
42805EAB4	HESKA CORP	3.750	9/15/2026	25,000	26,177	25,875
62886HBD2	NCL CORPORATION LTD	1.125	2/15/2027	50,000	50,026	33,940
23804LAB9	DATADOG INC	0.125	6/15/2025	25,000	26,635	27,281
05592QUW3	BNP PARIBAS SA	0.750	5/5/2025	50,000	61,610	61,315
516544AA1	LANTHEUS HOLDINGS INC	2.625	12/15/2027	5,000	5,162	5,035
703343AG8	PATRICK INDUSTRIES INC	1.750	12/1/2028	15,000	15,000	12,232
				<u>20,047,590</u>	<u>26,024,941</u>	<u>23,913,698</u>
PREFERRED STOCK:						
45822P204	INTEGRYS HOLDING INC	6.000	8/1/2073	7,250	191,110	168,563
29364D100PRFD	ENTERGY ARKANSAS LLC	4.875	9/1/2066	25,000	625,000	502,500
283678209	EL PASO ENERGY CAPITAL TRUST I	4.750	3/31/2028	434	18,769	19,547
10482B200	BRAEMAR HOTELS & RESORTS INC	5.500	-	10	160	156
US74965L2007	RLJ LODGING TRUST	7.800	-	957	26,030	22,767
64944P307	NEW YORK COMMUNITY CAPITAL TRUST V	6.000	11/1/2051	527	25,442	22,861
00170F209	AMG CAPITAL TRUST II	5.150	10/15/2037	3,099	162,154	159,599
10482B309	BRAEMAR HOTELS & RESORTS INC	8.250	-	1,060	20,872	25,705
38983D409	GREAT AJAX CORP	7.250	4/30/2024	27	701	646
74348T748	PROSPECT CAPITAL CORPORATION	5.500	-	972	24,057	24,300
60505682	MISSION ENERGY HOLDING COMPANY	7.250	-	50	66,176	58,000
366505204	GARRETT MOTION INC	11.000	-	1,860	14,116	16,182
902973155	US BANCORP	4.679	-	4,101	92,897	74,433

(Continued)



# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
59156R850	METLIFE INC	4.750	-	2,221	\$ 51,017	\$ 43,443
59156R876	METLIFE INC	5.625	-	1,774	45,219	41,033
42550U208	HENKEL AND PRF	-	-	7,106	116,846	123,276
902973718	US BANCORP	4.000	-	703	12,306	11,438
416518603	HARTFORD FINANCIAL SERVICES GROUP INC	6.000	-	173	4,371	4,375
				<u>57,324</u>	<u>1,497,244</u>	<u>1,318,824</u>
COMMON STOCK:						
382550101	GOODYEAR TIRE AND RUBBER ORD	-	-	4,225	59,618	42,884
92343V104	VERIZON COMMUNICATIONS ORD	-	-	4,936	254,042	194,478
00287Y109	ABBVIE ORD	-	-	742	74,728	119,915
1055102	AFLAC ORD	-	-	1,368	67,178	98,414
1084102	AGCO ORD	-	-	215	11,642	29,818
20002101	ALLSTATE ORD	-	-	536	44,332	72,682
25932104	AMERICAN FINANCIAL GROUP ORD	-	-	144	8,418	19,768
03076C106	AMERIPRISE FINANCE ORD	-	-	226	37,746	70,370
31162100	AMGEN ORD	-	-	1,266	275,102	332,502
60505104	BANK OF AMERICA ORD	-	-	2,815	89,022	93,233
14040H105	CAPITAL ONE FINANCIAL ORD	-	-	1,287	122,625	119,640
17275R102	CISCO SYSTEMS ORD	-	-	8,707	435,169	414,801
172967424	CITIGROUP ORD	-	-	5,005	286,601	226,376
254709108	DISCOVER FINANCIAL SERVICES ORD	-	-	486	18,430	47,545
277432100	EASTMAN CHEMICAL ORD	-	-	203	15,225	16,532
G3223R108	EVEREST RE GROUP ORD	-	-	265	51,377	87,787
345370860	FORD MOTOR ORD	-	-	6,676	85,562	77,642
375558103	GILEAD SCIENCES ORD	-	-	5,312	377,876	456,035
38141G104	GOLDMAN SACHS GROUP ORD	-	-	670	177,404	230,065
416515104	HARTFORD FINANCIAL SERVICES GRUP ORD	-	-	960	50,336	72,797
447011107	HUNTSMAN ORD	-	-	1,100	22,539	30,228
457187102	INGREDION ORD	-	-	357	30,317	34,961
458140100	INTEL ORD	-	-	4,552	183,583	120,309
493267108	KEYCORP ORD	-	-	2,011	19,460	35,032
500255104	KOHL'S ORD	-	-	310	16,722	7,828
501044101	KROGER ORD	-	-	2,215	82,161	98,745
521865204	LEAR ORD	-	-	240	25,210	29,765
56585A102	MARATHON PETROLEUM ORD	-	-	586	36,361	68,205
617446448	MORGAN STANLEY ORD	-	-	1,468	122,105	124,809
718546104	PHILLIPS 66 ORD	-	-	571	32,055	59,430
744320102	PRUDENTIAL FINANCIAL ORD	-	-	355	25,830	35,308
750236101	RADIAN GROUP ORD	-	-	500	8,241	9,535
857477103	STATE STREET ORD	-	-	779	48,074	60,427
91529Y106	UNUM ORD	-	-	594	16,366	24,372
928298108	VISHAY INTERTECH ORD	-	-	1,773	23,690	38,244
949746101	WELLS FARGO ORD	-	-	6,490	266,148	267,972
963320106	WHIRLPOOL ORD	-	-	267	33,035	37,770
40434L105	HP ORD	-	-	4,747	119,480	127,552
N53745100	LYONDELLBASELL INDUSTRIES CL A ORD	-	-	872	80,231	72,402
316773100	FIFTH THIRD BANCORP ORD	-	-	876	20,386	28,742
247361702	DELTA AIR LINES ORD	-	-	560	28,095	18,402
87612E106	TARGET ORD	-	-	989	209,953	147,401
96145D105	WESTROCK ORD	-	-	631	28,382	22,186
37045V100	GENERAL MOTORS ORD	-	-	2,316	92,689	77,910
70959W103	PENSKE AUTOMOTIVE GROUP VTG ORD	-	-	313	14,984	35,973
14149Y108	CARDINAL HEALTH ORD	-	-	705	47,857	54,193
512807108	LAM RESEARCH ORD	-	-	183	83,068	76,915
910047109	UNITED AIRLINES HOLDINGS ORD	-	-	242	16,928	9,123
534187109	LINCOLN NATIONAL ORD	-	-	405	27,345	12,442
42735100	ARROW ELECTRONICS ORD	-	-	285	27,605	29,802
38222105	APPLIED MATERIAL ORD	-	-	1,441	150,391	140,325
7591EP100	REGIONS FINANCIAL ORD	-	-	2,301	42,650	49,610
59156R108	METLIFE ORD	-	-	1,027	57,987	74,324
40412C101	HCA HEALTHCARE ORD	-	-	428	80,777	102,703
42824C109	HEWLETT PACKARD ENTERPRISE ORD	-	-	1,536	20,697	24,515
931427108	WALGREEN BOOTS ALLIANCE ORD	-	-	2,433	123,820	90,897
902494103	TYSON FOODS CL A ORD	-	-	718	52,169	44,696
64058100	BANK OF NEW YORK MELLON ORD	-	-	794	41,860	36,143
231021106	CUMMINS ORD	-	-	557	109,827	134,956
91913Y100	VALERO ENERGY ORD	-	-	339	28,292	43,006
23355L106	DXC TECHNOLOGY ORD	-	-	162	5,985	4,293

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
745867101	PULTEGROUP ORD	-	-	788	\$ 24,016	\$ 35,878
86516101	BEST BUY ORD	-	-	875	78,071	70,184
446413106	HUNTINGTON INGALLS INDUSTRIES ORD	-	-	128	26,308	29,527
150870103	CELANESE ORD	-	-	332	41,598	33,944
126650100	CVS HEALTH ORD	-	-	2,013	169,228	187,591
163851108	CHEMOURS ORD	-	-	600	20,326	18,372
344849104	FOOT LOCKER ORD	-	-	770	41,178	29,098
20030N101	COMCAST CL A ORD	-	-	5,966	279,047	208,631
31428X106	FEDEX ORD	-	-	370	69,046	64,084
883203101	TEXTRON ORD	-	-	361	18,741	25,559
G50871105	JAZZ PHARMACEUTICALS ORD	-	-	140	18,284	22,303
92840M102	VISTRA ORD	-	-	902	22,457	20,926
81761L102	SERVICE PROPERTIES TRUST ORD	-	-	300	8,084	2,187
110122108	BRISTOL MYERS SQUIBB ORD	-	-	2,375	150,134	170,881
929089100	VOYA FINANCIAL ORD	-	-	300	17,902	18,447
92556H206	PARAMOUNT GLOBAL CL B ORD	-	-	1,939	74,635	32,730
278642103	EBAY ORD	-	-	2,751	152,721	114,084
827048109	SILGAN HOLDINGS ORD	-	-	700	21,855	36,288
09062X103	BIOGEN ORD	-	-	240	66,513	66,461
58155Q103	MCKESSON ORD	-	-	200	41,892	75,024
G3198U102	ESSENT GROUP ORD	-	-	500	18,215	19,440
629377508	NRG ENERGY ORD	-	-	1,618	61,304	51,485
08579W103	BERRY GLOBAL GROUP ORD	-	-	360	17,100	21,755
68389X105	ORACLE ORD	-	-	3,602	292,670	294,427
23918K108	DAVITA ORD	-	-	463	46,455	34,572
717081103	PFIZER ORD	-	-	6,108	219,880	312,974
833034101	SNAP ON ORD	-	-	130	23,268	29,704
92556V106	VIATRIS ORD	-	-	782	9,289	8,704
205887102	CONAGRA BRANDS ORD	-	-	1,376	47,903	53,251
00508Y102	ACUITY BRANDS ORD	-	-	100	11,888	16,561
500754106	KRAFT HEINZ ORD	-	-	1,875	66,120	76,331
65336K103	NEXSTAR MEDIA GROUP ORD	-	-	170	18,297	29,755
431571108	HILLENBRAND ORD	-	-	500	21,715	21,335
85208M102	SPROUTS FARMERS MARKET ORD	-	-	1,100	24,540	35,607
546347105	LOUISIANA PACIFIC ORD	-	-	400	15,977	23,680
87165B103	SYNCHRONY FINANCIAL ORD	-	-	2,117	81,520	69,565
174610105	CITIZENS FINANCIAL GROUP ORD	-	-	1,134	50,893	44,646
320517105	FIRST HORIZON ORD	-	-	700	13,091	17,150
G7997R103	SEAGATE TECHNOLOGY HOLDINGS ORD	-	-	623	29,299	32,776
58933Y105	MERCK & CO. INC.	-	-	5,105	374,258	566,400
68622V106	ORGANON ORD	-	-	1,403	43,480	39,186
35137L105	FOX CL A ORD	-	-	1,053	38,243	31,980
30231G102	EXXON MOBIL ORD	-	-	2,437	167,740	268,801
254543101	DIODES ORD	-	-	400	35,101	30,456
828806109	SIMON PROP GRP REIT ORD	-	-	526	69,008	61,794
125523100	CIGNA ORD	-	-	319	77,874	105,697
783549108	RYDER SYSTEM ORD	-	-	300	25,367	25,071
460146103	INTERNATIONAL PAPER ORD	-	-	627	30,242	21,713
US8713321029	SYLVAMO ORD	-	-	27	852	1,312
20848V105	CONSENSUS CLOUD SOLUTIONS ORD	-	-	100	3,130	5,376
24703L202	DELL TECHNOLOGIES CL C ORD	-	-	1,631	68,870	65,599
928563402	VMWARE CL A ORD	-	-	166	19,731	20,378
74736K101	QORVO ORD	-	-	481	36,659	43,598
459200101	INTERNATIONAL BUSINESS MACHINES ORD	-	-	2,560	331,039	360,678
403949100	HF SINCLAIR ORD	-	-	734	25,859	38,087
00206R102	AT&T ORD	-	-	10,821	211,967	199,215
934423104	WARNER BROS. DISCOVERY SRS A ORD	-	-	1,375	37,774	13,035
565849106	MARATHON OIL ORD	-	-	2,137	49,661	57,849
747525103	QUALCOMM ORD	-	-	1,687	227,175	185,469
224441105	CRANE HOLDINGS ORD	-	-	260	14,944	26,117
902681105	UGI ORD	-	-	647	27,110	23,984
30303M102	META PLATFORMS CL A ORD	-	-	1,657	353,906	199,403
35710839	ANNALY CAPITAL MANAGEMENT REIT ORD	-	-	1,530	39,588	32,242
12008R107	BUILDERS FIRSTSOURCE ORD	-	-	600	35,082	38,928
526057104	LENNAR CL A ORD	-	-	575	45,764	52,038
25179M103	DEVON ENERGY ORD	-	-	600	36,036	36,906
759509102	RELIAANCE STEEL ORD	-	-	223	38,912	45,144
03743Q108	APA ORD	-	-	1,000	34,680	46,680
44107P104	HOST HOTELS & RESORTS REIT ORD	-	-	2,018	33,538	32,389
39483102	ARCHER DANIELS MIDLAND ORD	-	-	1,049	72,817	97,400

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
969904101	WILLIAMS SONOMA ORD	-	-	300	\$ 38,316	\$ 34,476
G9078F107	TRITON INTERNATIONAL ORD	-	-	500	28,225	34,390
94235108	BLOOMIN BRANDS ORD	-	-	1,900	41,917	38,228
23135106	AMAZON COM ORD	-	-	2,359	254,997	198,156
594918104	MICROSOFT ORD	-	-	1,460	263,371	350,137
91324P102	UNITEDHEALTH GRP ORD	-	-	370	112,351	196,167
02079K107	ALPHABET CL C ORD	-	-	2,280	194,301	202,304
N00985106	AERCAP HOLDINGS ORD	-	-	1,055	54,630	61,528
530307305	LIBERTY BROADBAND SRS C ORD	-	-	1,203	142,330	91,753
43300A203	HILTON WORLDWIDE HOLDINGS ORD	-	-	685	64,472	86,557
25470M109	DISH NETWORK CL A ORD	-	-	2,024	77,546	28,417
64110L106	NETFLIX ORD	-	-	671	219,418	197,864
980745103	WOODWARD ORD	-	-	512	57,625	49,464
254687106	WALT DISNEY ORD	-	-	776	116,397	67,419
571903202	MARRIOTT INTERNATIONAL CL A ORD	-	-	761	94,358	113,305
G0403H108	AON CL A ORD	-	-	352	95,323	105,649
631512209	NASPERS SPON 5 ADR REP CL N ORD	-	-	478	17,879	15,869
74365P108	PROSUS NV SPONSORED NETHERLANDS ADR	-	-	4,565	70,095	62,800
786584102	SAFRAN ADR	-	-	3,562	110,163	111,119
5369604301	GENERAL ELECTRIC ORD	-	-	1,957	171,967	163,977
36752103	ELEVANCE HEALTH ORD	-	-	159	59,120	81,562
92826C839	VISA CL A ORD	-	-	845	180,361	175,557
20825C104	CONOCOPHILLIPS ORD	-	-	985	88,311	116,230
780259305	SHELL ADR EACH REP 2 ORD	-	-	1,153	61,730	65,663
16119P108	CHARTER COMMUNICATIONS CL A ORD	-	-	128	58,842	43,405
73685109	BEACON ROOFING SUPPLY ORD	-	-	498	18,997	26,289
90572207	BIO RAD LABORATORIES CL A ORD	-	-	61	11,353	25,650
16359R103	CHEMED ORD	-	-	40	4,071	20,417
27579R104	EAST WEST BANCORP ORD	-	-	486	16,224	32,027
37637Q105	GLACIER BANCORP ORD	-	-	296	9,804	14,628
422806109	HEICO ORD	-	-	76	2,085	11,677
443320106	HUB GROUP CL A ORD	-	-	289	11,794	22,973
48666K109	KB HOME ORD	-	-	969	15,486	30,863
533900106	LINCOLN ELECTRIC HOLDINGS ORD	-	-	241	16,835	34,822
59001A102	MERITAGE HOMES ORD	-	-	443	18,146	40,845
670704105	NUVASIVE ORD	-	-	534	22,233	22,022
695263103	PACWEST BANCORP ORD	-	-	1,072	30,220	24,602
729132100	PLEXUS ORD	-	-	114	4,030	11,734
743606105	PROSPERITY BANCSHARES ORD	-	-	268	17,307	19,478
754730109	RAYMOND JAMES ORD	-	-	228	8,042	24,362
758750103	REGAL REYNOLD ORD	-	-	133	9,018	15,957
74965L101	RLJ LODGING REIT ORD	-	-	605	15,874	6,407
810186106	SCOTT'S MIRACLE GRO ORD	-	-	214	11,802	10,398
902788108	UMB FINANCIAL ORD	-	-	277	19,796	23,135
904214103	UMPQUA HOLDINGS ORD	-	-	1,452	25,512	25,918
922417100	VEECO INSTRUMENTS ORD	-	-	379	13,174	7,042
947890109	WEBSTER FINANCIAL ORD	-	-	450	14,659	21,303
955306105	WEST PHARM SVC ORD	-	-	44	1,676	10,355
97650W108	WINTRUST FINANCIAL ORD	-	-	299	15,598	25,271
04316A108	ARTISAN PARTNERS ASSET MGMT CL A ORD	-	-	568	18,351	16,870
78486Q101	SVB FINANCIAL GROUP ORD	-	-	145	12,548	33,370
G54050102	LAZARD CL A ORD	-	-	1,118	35,740	38,761
31847R102	FIRST AMERICAN FINANCIAL ORD	-	-	405	16,262	21,198
860630102	STIFEL FINANCIAL ORD	-	-	348	11,418	20,313
74112D101	PRESTIGE CONSUMER HEALTHCARE ORD	-	-	92	4,731	5,759
513847103	LANCASTER COLONY ORD	-	-	113	13,520	22,295
G4388N106	HELEN OF TROY ORD	-	-	202	18,227	22,404
537008104	LITTELFUSE ORD	-	-	125	18,796	27,525
G4474Y214	JANUS HENDERSON GROUP ORD	-	-	1,062	25,306	24,978
985817105	YELP ORD	-	-	666	17,014	18,208
01988P108	ALLSCRIPTS HEALTHCARE SOLUTIONS ORD	-	-	1,981	21,354	34,945
423452101	HELMERICH AND PAYNE ORD	-	-	363	16,997	17,994
75281A109	RANGE RESOURCES ORD	-	-	899	13,842	22,493
156431108	CENTURY ALUMINUM ORD	-	-	1,140	15,226	9,325
87157D109	SYNAPTICS ORD	-	-	479	18,949	45,582
880779103	TEREX CORP	-	-	764	25,786	32,638
16115Q308	CHART INDUSTRIES ORD	-	-	253	20,240	29,153
816850101	SEMTECH ORD	-	-	486	26,346	13,943
114340102	AZENTA ORD	-	-	803	29,020	46,751
185899101	CLEVELAND CLIFFS ORD	-	-	3,121	18,103	50,279

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
683344105	ONTO INNOVATION ORD	-	-	455	\$ 18,774	\$ 30,981
65290C105	NEXTIER OILFIELD SOLUTIONS ORD	-	-	1,549	13,375	14,313
55024U109	LUMENTUM HOLDINGS ORD	-	-	228	16,483	11,895
69327R101	PDC ENERGY ORD	-	-	708	15,287	44,944
974637100	WINNEBAGO INDS ORD	-	-	630	31,391	33,201
131193104	TOPGOLF CALLAWAY BRANDS ORD	-	-	1,261	23,602	24,905
01741R102	ATI ORD	-	-	627	9,664	18,722
13872106	ALCOA ORD	-	-	1,201	18,818	54,609
24665A103	DELEK US HOLDINGS ORD	-	-	504	9,103	13,608
79546E104	SALLY BEAUTY HOLDINGS ORD	-	-	1,450	20,060	18,154
489170100	KENNAMETAL ORD	-	-	1,290	35,104	31,037
92343X100	VERINT SYSTEMS ORD	-	-	392	7,301	14,222
36211Q109	G1 THERAPEUTICS ORD	-	-	1,281	21,160	6,956
92346J108	VERICEL ORD	-	-	600	24,504	15,804
09058V103	BIOCRIST PHARMACEUTICALS ORD	-	-	2,120	25,222	24,338
268158201	DYNAVAX TECHNOLOGIES ORD	-	-	1,812	19,096	19,280
405024100	HAEMONETICS ORD	-	-	350	22,488	27,528
09627Y109	BLUEPRINT MEDICINES ORD	-	-	368	25,502	16,122
92337F107	VERACYTE ORD	-	-	838	24,791	19,886
12740C103	CADENCE BANK ORD	-	-	573	13,534	14,130
69047Q102	OVINTIV ORD	-	-	254	10,313	12,880
76156B107	REVOLVE GROUP CL A ORD	-	-	946	42,670	21,058
29404K106	ENVESTNET ORD	-	-	261	17,950	16,104
29109X106	ASPEN TECHNOLOGY ORD	-	-	83	15,346	17,131
00847X104	AGIOS PHARMACEUTICALS ORD	-	-	430	9,559	12,074
78667J108	SAGE THERAPEUTICS ORD	-	-	260	8,953	9,916
90184D100	TWIST BIOSCIENCE ORD	-	-	432	17,766	10,286
364760108	GAP ORD	-	-	2,685	39,207	30,287
655664100	NORDSTROM ORD	-	-	1,172	28,279	18,916
235825205	DANA INCORPORATED ORD	-	-	1,114	19,128	16,855
G0084W101	ADIANT ORD	-	-	540	21,051	18,733
554382101	MACERICH REIT ORD	-	-	1,534	17,810	17,273
42704L104	HERC HOLDINGS ORD	-	-	234	29,450	30,787
393657101	GREENBRIER ORD	-	-	372	13,739	12,473
29977A105	EVERCORE CL A ORD	-	-	124	13,127	13,526
48123V102	ZIFF DAVIS ORD	-	-	192	14,363	15,187
320817109	FIRST MERCHANTS ORD	-	-	409	17,802	16,814
898402102	TRUSTMARK ORD	-	-	478	17,322	16,687
87724P106	TAYLOR MORRISON HOME ORD	-	-	592	17,060	17,967
90984P303	UNITED COMMUNITY BANKS ORD	-	-	469	17,775	15,852
91704F104	URBAN EDGE PROPERTIES ORD	-	-	1,084	16,309	15,274
05368V106	AVIENT ORD	-	-	468	16,188	15,800
379378201	GLOBAL NET LEASE ORD	-	-	1,205	16,407	15,147
82981J109	SITE CENTERS ORD	-	-	1,213	16,366	16,570
02553E106	AMERICAN EAGLE OUTFITTERS ORD	-	-	834	13,171	11,643
45378A106	INDEPENDENCE REALTY ORD	-	-	929	16,697	15,663
529043101	LXP INDUSTRIAL ORD	-	-	1,541	16,335	15,441
G9059U107	TRINSEO ORD	-	-	571	13,400	12,967
29275Y102	ENERSYS ORD	-	-	212	16,398	15,654
896818101	TRIUMPH GROUP ORD	-	-	1,348	15,857	14,181
G48833118	WEATHERFORD INTERNATIONAL ORD	-	-	467	13,543	23,780
919794107	VALLEY NATIONAL ORD	-	-	1,936	16,560	21,896
89417E109	TRAVELERS COMPANIES ORD	-	-	912	114,261	170,991
759351604	REINSURANCE GROUP OF AMER ORD	-	-	487	54,664	69,198
665859104	NORTHERN TRUST ORD	-	-	1,924	171,104	170,255
83175M205	SMITH NEPHEW ADR REP 2 ORD	-	-	7,158	249,773	192,479
89214P109	TOWNE BANK ORD	-	-	924	23,650	28,496
784305104	SIJW GROUP ORD	-	-	1,170	74,663	94,992
294628102	EQUITY COMMONWEALTH REIT ORD	-	-	3,430	101,868	85,647
128246105	CALAVO GROWERS ORD	-	-	910	48,171	26,754
42550U109	HENKEL AND ORD	-	-	5,344	101,488	85,907
24906P109	DENTSPLY SIRONA ORD	-	-	7,999	303,125	254,688
60510V108	MISSION PRODUCE ORD	-	-	1,598	20,619	18,569
130788102	CALIFORNIA WATER SERVICE GROUP ORD	-	-	604	32,027	36,627
624758108	MUELLER WATER PRODUCTS SER A ORD	-	-	8,560	103,892	92,106
128030202	CAL MAINE FOODS ORD	-	-	348	13,883	18,949
950755108	WERNER ENTERPRISES ORD	-	-	456	18,565	18,359
44930G107	ICU MEDICAL ORD	-	-	563	106,945	88,661
07724U103	BEIERSDORF A G UNSPONSORED GERMA ADR	-	-	2,615	54,909	59,836
32095101	AMPHENOL CL A ORD	-	-	1,040	71,466	79,186

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
05379B107	AVISTA ORD	-	-	1,112	\$ 47,433	\$ 49,306
494368103	KIMBERLY CLARK ORD	-	-	1,887	243,857	256,160
71813109	BAXTER INTERNATIONAL ORD	-	-	3,620	269,363	184,511
913903100	UNIVERSAL HEALTH SERVICES CL B ORD	-	-	975	123,358	137,368
38336103	APTARGROUP ORD	-	-	605	68,201	66,538
453836108	INDEPENDENT BANK ORD	-	-	324	26,635	27,355
7800105	AEROJET ROCKETDYNE HOLDINGS ORD	-	-	1,716	78,835	95,976
189054109	CLOROX ORD	-	-	1,151	162,729	161,520
535555106	LINDSAY ORD	-	-	58	7,225	9,445
384109104	GRACO ORD	-	-	558	36,409	37,531
88579Y101	3M ORD	-	-	2,219	326,408	266,102
736508847	PORTLAND GENERAL ELECTRIC ORD	-	-	983	46,799	48,167
30420103	AMERICAN WATER WORKS ORD	-	-	277	40,052	42,220
42250P103	HEALTHPEAK PROPERTIES ORD	-	-	1,621	40,657	40,638
499180107	KNORR BREMSE ADR	-	-	5,479	74,364	74,614
29670G102	ESSENTIAL UTILITIES ORD	-	-	215	11,111	10,262
91311E102	UNITED UTILITIES GROUP ADR	-	-	349	8,903	8,324
42226K105	HEALTHCARE REALTY TRUST CL A ORD	-	-	6,796	178,275	130,959
H1467J104	CHUBB ORD	-	-	339	61,121	74,783
708326202	PENNON GROUP ADR	-	-	368	9,278	7,866
26614N102	DUPONT DE NEMOURS ORD	-	-	359	23,500	24,638
278865100	ECOLAB ORD	-	-	300	46,592	43,668
98956P102	ZIMMER BIOMET HOLDINGS ORD	-	-	111	13,403	14,153
00130H105	THE AES CORPORATION	-	-	524	13,228	15,070
00766T100	AECOM ORD	-	-	193	13,491	16,391
37833100	APPLE ORD	-	-	3,593	491,998	466,838
32654105	ANALOG DEVICES ORD	-	-	48	7,546	7,873
03073E105	AMERISOURCEBERGEN ORD	-	-	54	7,260	8,948
03027X100	AMERICAN TOWER REIT	-	-	45	11,980	9,534
26874784	AMERICAN INTERNATIONAL GROUP ORD	-	-	386	18,066	24,411
25816109	AMERICAN EXPRESS ORD	-	-	93	13,445	13,741
25537101	AMERICAN ELECTRIC POWER ORD	-	-	143	12,355	13,578
02376R102	AMERICAN AIRLINES GROUP ORD	-	-	334	7,969	4,248
23608102	AMEREN ORD	-	-	41	3,322	3,646
G02602103	AMDOCS ORD	-	-	96	7,194	8,726
G0250X107	AMCOR ORD	-	-	1,519	18,053	18,091
02156K103	ALTICE USA CL A ORD	-	-	145	2,710	667
02079K305	ALPHABET CL A ORD	-	-	994	105,760	87,701
02005N100	ALLY FINANCIAL ORD	-	-	147	6,475	3,594
18802108	ALLIANT ENERGY ORD	-	-	49	2,664	2,705
15271109	ALEXANDRIA REAL ESTATE EQ REIT ORD	-	-	17	3,105	2,476
13091103	ALBERTSONS COMPANIES CL A ORD	-	-	39	928	809
11659109	ALASKA AIR GROUP ORD	-	-	42	2,919	1,803
00971T101	AKAMAI TECHNOLOGIES ORD	-	-	47	5,280	3,962
9158106	AIR PRODUCTS AND CHEMICALS ORD	-	-	24	6,593	7,398
00846U101	AGILENT TECHNOLOGIES ORD	-	-	28	3,700	4,190
7903107	ADVANCED MICRO DEVICES ORD	-	-	50	4,696	3,239
00751Y106	ADVANCE AUTO PARTS ORD	-	-	22	4,284	3,235
00724F101	ADOBE ORD	-	-	26	11,148	8,750
00507V109	ACTIVISION BLIZZARD ORD	-	-	170	13,724	13,014
G1151C101	ACCENTURE CL A ORD	-	-	376	120,298	100,332
2824100	ABBOTT LABORATORIES ORD	-	-	163	19,307	17,896
31100100	AMETEK ORD	-	-	19	2,445	2,655
00123Q104	AGNC INVESTMENT REIT ORD	-	-	394	6,440	4,078
46284V101	IRON MOUNTAIN ORD	-	-	391	19,290	19,491
G491BT108	INVESCO ORD	-	-	167	4,300	3,004
46120E602	INTUITIVE SURGICAL ORD	-	-	14	3,314	3,715
461202103	INTUIT ORD	-	-	38	18,839	14,790
459506101	INTERNATIONAL FLAVORS & FRAGRANS ORD	-	-	42	5,649	4,403
45866F104	INTERCONTINENTAL EXCHANGE ORD	-	-	140	16,080	14,363
452327109	ILLUMINA ORD	-	-	10	3,106	2,022
452308109	ILLINOIS TOOL ORD	-	-	278	59,013	61,243
46266C105	IQVIA HOLDINGS ORD	-	-	21	4,159	4,303
448579102	HYATT HOTELS CL A ORD	-	-	16	1,338	1,447
446150104	HUNTINGTON BANCSHARES ORD	-	-	207	3,308	2,919
444859102	HUMANA ORD	-	-	47	19,535	24,073
443201108	HOWMET AEROSPACE ORD	-	-	484	16,933	19,074
440452100	HORMEL FOODS ORD	-	-	124	5,403	5,648
438516106	HONEYWELL INTERNATIONAL ORD	-	-	117	24,860	25,073
437076102	HOME DEPOT ORD	-	-	834	272,610	263,427

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
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42809H107	HESS ORD	-	-	23	\$ 1,713	\$ 3,262
427866108	HERSHEY FOODS ORD	-	-	101	17,751	23,389
806407102	HENRY SCHEIN ORD	-	-	84	6,152	6,709
418056107	HASBRO ORD	-	-	28	2,658	1,708
406216101	HALLIBURTON ORD	-	-	121	2,652	4,761
37959E102	GLOBE LIFE ORD	-	-	24	2,369	2,893
37940X102	GLOBAL PAYMENTS ORD	-	-	39	6,060	3,873
37247D106	GENWORTH FINANCIAL CL A ORD	-	-	287	979	1,518
372460105	GENUINE PARTS ORD	-	-	40	4,730	6,940
370334104	GENERAL MILLS ORD	-	-	500	29,900	41,925
369550108	GENERAL DYNAMICS ORD	-	-	50	9,042	12,406
35671D857	FREEPORT MCMORAN ORD	-	-	113	3,734	4,294
79466L302	SALESFORCE ORD	-	-	58	11,259	7,690
98978V103	ZOETIS CL A ORD	-	-	137	26,160	20,077
989701107	ZIONS BANCORPORATION ORD	-	-	44	2,655	2,163
988498101	YUM BRANDS ORD	-	-	390	47,922	49,951
98421M106	XEROX HOLDINGS ORD	-	-	118	2,902	1,723
98389B100	XCEL ENERGY ORD	-	-	89	5,949	6,240
981475106	WORLD FUEL SERVICES ORD	-	-	94	3,013	2,569
G96629103	WILLIS TOWERS WATSON ORD	-	-	44	10,105	10,762
969457100	WILLIAMS ORD	-	-	221	5,282	7,271
962166104	WEYERHAEUSER REIT	-	-	159	5,858	4,929
960413102	WESTLAKE ORD	-	-	12	1,099	1,230
929740108	WABTEC ORD	-	-	27	2,354	2,695
959802109	WESTERN UNION ORD	-	-	886	17,625	12,200
958102105	WESTERN DIGITAL ORD	-	-	148	9,652	4,669
95040Q104	WELLTOWER ORD	-	-	80	5,860	5,244
941848103	WATERS ORD	-	-	52	19,507	17,814
94106L109	WASTE MANAGEMENT ORD	-	-	131	18,879	20,551
94106B101	WASTE CONNECTIONS ORD	-	-	53	6,461	7,026
931142103	WALMART ORD	-	-	1,188	167,144	168,447
384802104	WW GRAINGER ORD	-	-	51	20,834	28,369
92939U106	WEC ENERGY GROUP ORD	-	-	50	4,678	4,688
84423102	WR BERKLEY ORD	-	-	36	1,836	2,613
929160109	VULCAN MATERIALS ORD	-	-	12	1,997	2,101
929042109	VORNADO REALTY REIT ORD	-	-	62	2,876	1,290
92532F100	VERTEX PHARMACEUTICALS ORD	-	-	13	2,854	3,754
92276F100	VENTAS REIT ORD	-	-	87	4,733	3,919
918204108	VF ORD	-	-	357	23,898	9,857
912909108	US STEEL ORD	-	-	78	1,950	1,954
911363109	UNITED RENTAL ORD	-	-	12	3,981	4,265
25278X109	DIAMONDBACK ENERGY ORD	-	-	6	487	821
244199105	DEERE ORD	-	-	27	10,047	11,577
237194105	DARDEN RESTAURANTS ORD	-	-	109	15,934	15,078
235851102	DANAHER ORD	-	-	98	28,177	26,011
23331A109	D R HORTON ORD	-	-	77	6,506	6,864
22822V101	CROWN CASTLE ORD	-	-	83	15,054	11,258
222070203	COTY CL A ORD	-	-	91	816	779
22160K105	COSTCO WHOLESALE ORD	-	-	142	60,171	64,823
22052L104	CORTEVA ORD	-	-	444	20,224	26,098
219350105	CORNING ORD	-	-	1,474	56,644	47,080
209115104	CONSOLIDATED EDISON ORD	-	-	86	6,443	8,197
200340107	COMERICA ORD	-	-	47	3,372	3,142
194162103	COLGATE PALMOLIVE ORD	-	-	890	68,370	70,123
192446102	COGNIZANT TECHNOLOGY SOLUTN CL A ORD	-	-	129	10,016	7,378
191216100	COCA-COLA ORD	-	-	4,303	234,960	273,714
172908105	CINTAS ORD	-	-	38	14,724	17,162
172062101	CINCINNATI FINANCIAL ORD	-	-	29	3,020	2,969
171340102	CHURCH AND DWIGHT ORD	-	-	247	20,867	19,911
169656105	CHIPOTLE MEXICAN GRILL ORD	-	-	4	7,126	5,550
166764100	CHEVRON ORD	-	-	426	45,050	76,463
808513105	CHARLES SCHWAB ORD	-	-	105	7,163	8,742
15189T107	CENTERPOINT ENERGY ORD	-	-	133	3,012	3,989
15135B101	CENTENE ORD	-	-	133	9,060	10,907
149123101	CATERPILLAR ORD	-	-	372	74,162	89,116
911312106	UNITED PARCEL SERVICE CL B ORD	-	-	535	100,280	93,004
907818108	UNION PACIFIC ORD	-	-	800	162,154	165,656
90353T100	UBER TECHNOLOGIES ORD	-	-	104	4,155	2,572
912008109	US FOODS ORD	-	-	77	2,914	2,620
902973304	US BANCORP ORD	-	-	400	21,460	17,444

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
89832Q109	TRUIST FINANCIAL ORD	-	-	259	\$ 14,983	\$ 11,145
H8817H100	TRANSOCEAN ORD	-	-	636	2,315	2,900
893641100	TRANSDIGM GROUP ORD	-	-	15	9,286	9,445
892356106	TRACTOR SUPPLY ORD	-	-	41	8,035	9,224
883556102	THERMO FISHER SCIENTIFIC ORD	-	-	26	12,342	14,318
882508104	TEXAS INSTRUMENTS ORD	-	-	759	144,364	125,402
88160R101	TESLA ORD	-	-	16	5,110	1,971
87612G101	TARGA RESOURCES ORD	-	-	39	1,252	2,867
876030107	TAPESTRY ORD	-	-	61	2,503	2,323
872540109	TJX ORD	-	-	160	10,611	12,736
872590104	T MOBILE US ORD	-	-	144	18,829	20,160
74144T108	T ROWE PRICE GROUP ORD	-	-	340	64,590	37,080
871829107	SYSCO ORD	-	-	723	55,732	55,273
871607107	SYNOPSYS ORD	-	-	9	2,994	2,874
863667101	STRYKER ORD	-	-	30	7,333	7,335
858119100	STEEL DYNAMICS ORD	-	-	47	2,396	4,592
854502101	STANLEY BLACK AND DECKER ORD	-	-	36	5,547	2,704
848574109	SPIRIT AEROSYSTEMS HLDGS A ORD	-	-	58	2,876	1,717
844741108	SOUTHWEST AIRLINES ORD	-	-	45	2,759	1,515
842587107	SOUTHERN ORD	-	-	214	13,417	15,282
83088M102	SKYWORKS SOLUTIONS ORD	-	-	197	31,541	17,953
82968B103	SIRIUS XM HOLDINGS ORD	-	-	44	276	257
824348106	SHERWIN WILLIAMS ORD	-	-	72	18,430	17,088
816851109	SEMPRA ORD	-	-	50	6,584	7,727
806857108	SCHLUMBERGER ORD	-	-	287	8,065	15,343
78409V104	S&P GLOBAL ORD	-	-	106	44,703	35,504
14448C104	CARRIER GLOBAL ORD	-	-	607	27,384	25,039
143658300	CARNIVAL ORD	-	-	582	12,751	4,691
142339100	CARLISLE COMPANIES ORD	-	-	10	1,930	2,357
143130102	CARMAX ORD	-	-	28	3,453	1,705
G1890L107	CAPRI HOLDINGS LTD.	-	-	46	2,271	2,637
134429109	CAMPBELL SOUP ORD	-	-	131	5,776	7,434
127387108	CADENCE DESIGN SYSTEMS ORD	-	-	15	2,659	2,410
126408103	CSX ORD	-	-	2,206	67,305	68,342
126117100	CNA FINANCIAL ORD	-	-	17	779	719
125896100	CMS ENERGY ORD	-	-	56	3,417	3,546
12572Q105	CME GROUP CL A ORD	-	-	93	18,047	15,639
12541W209	CH ROBINSON WORLDWIDE ORD	-	-	323	29,292	29,574
125269100	CF INDUSTRIES HOLDINGS ORD	-	-	28	1,285	2,386
12514G108	CDW ORD	-	-	118	22,102	21,072
12504L109	CBRE GROUP CL A ORD	-	-	38	3,042	2,924
G16962105	BUNGE ORD	-	-	226	17,644	22,548
11135F101	BROADCOM ORD	-	-	182	91,243	101,762
101137107	BOSTON SCIENTIFIC ORD	-	-	111	4,335	5,136
101121101	BOSTON PROPERTIES REIT ORD	-	-	23	2,398	1,554
99724106	BORGWARNER ORD	-	-	95	4,254	3,824
09857L108	BOOKING HOLDINGS ORD	-	-	42	95,670	84,642
97023105	BOEING ORD	-	-	143	34,756	27,240
09260D107	BLACKSTONE ORD	-	-	318	38,180	23,592
09247X101	BLACKROCK ORD	-	-	19	13,878	13,464
84670702	BERKSHIRE HATHAWAY CL B ORD	-	-	350	91,429	108,115
75896100	BED BATH AND BEYOND ORD	-	-	120	3,470	301
05722G100	BAKER HUGHES CL A ORD	-	-	283	6,150	8,357
53807103	AVNET ORD	-	-	59	2,479	2,453
05351W103	AVANGRID ORD	-	-	21	1,055	903
53484101	AVALONBAY COMMUNITIES REIT ORD	-	-	17	3,177	2,746
53015103	AUTOMATIC DATA PROCESSING ORD	-	-	290	58,328	69,269
05329W102	AUTONATION ORD	-	-	21	1,933	2,253
363576109	ARTHUR J GALLAGHER ORD	-	-	46	6,489	8,673
03852U106	ARAMARK ORD	-	-	62	2,372	2,563
354613101	FRANKLIN RESOURCES ORD	-	-	154	4,645	4,063
34959J108	FORTIVE ORD	-	-	35	2,482	2,249
343412102	FLUOR ORD	-	-	87	2,000	3,015
Y2573F102	FLEX ORD	-	-	134	2,459	2,876
337738108	FISERV ORD	-	-	56	6,575	5,660
337932107	FIRSTENERGY ORD	-	-	137	4,700	5,746
31620M106	FIDELITY NATIONAL INFORMATN SVCS ORD	-	-	112	12,724	7,599
31620R303	FIDELITY NATIONAL FINANCIAL ORD	-	-	59	2,436	2,220
311900104	FASTENAL ORD	-	-	429	22,059	20,300
315616102	F5 ORD	-	-	11	2,322	1,579

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
302130109	EXPEDITORS INTERNATIONAL OF WASN ORD	-	-	124	\$ 14,752	\$ 12,886
30212P303	EXPEDIA GROUP ORD	-	-	24	4,222	2,102
30040W108	EVERSOURCE ENERGY ORD	-	-	65	5,621	5,450
30034W106	EVERGY ORD	-	-	80	4,794	5,034
518439104	ESTEE LAUDER CL A ORD	-	-	19	5,499	4,714
297178105	ESSEX PROPERTY REIT ORD	-	-	7	1,935	1,483
29476L107	EQUITY RESIDENTIAL REIT ORD	-	-	52	3,771	3,068
29452E101	EQUITABLE HOLDINGS ORD	-	-	96	3,169	2,755
29444U700	EQUINIX REIT ORD	-	-	15	11,504	9,825
29364G103	ENTERGY ORD	-	-	43	4,321	4,838
291011104	EMERSON ELECTRIC ORD	-	-	603	56,215	57,924
532457108	ELI LILLY ORD	-	-	477	117,213	174,506
285512109	ELECTRONIC ARTS ORD	-	-	110	14,455	13,440
28176E108	EDWARDS LIFESCIENCES ORD	-	-	21	2,355	1,567
281020107	EDISON INTERNATIONAL ORD	-	-	95	5,597	6,044
G29183103	EATON ORD	-	-	78	10,880	12,242
26875P101	EOG RESOURCES ORD	-	-	69	5,198	8,937
26441C204	DUKE ENERGY ORD	-	-	177	17,098	18,229
260557103	DOW ORD	-	-	167	10,310	8,415
260003108	DOVER ORD	-	-	19	2,621	2,573
25746U109	DOMINION ENERGY ORD	-	-	1,132	84,508	69,414
256746108	DOLLAR TREE ORD	-	-	97	9,406	13,720
256677105	DOLLAR GENERAL ORD	-	-	180	39,137	44,325
253868103	DIGITAL REALTY REIT ORD	-	-	56	7,769	5,615
253393102	DICKS SPORTING ORD	-	-	19	1,506	2,286
68902V107	OTIS WORLDWIDE ORD	-	-	242	19,495	18,951
681919106	OMNICOM GROUP ORD	-	-	370	26,598	30,181
680223104	OLD REPUBLIC INTERNATIONAL ORD	-	-	88	1,927	2,125
674599105	OCCIDENTAL PETROLEUM ORD	-	-	139	3,806	8,756
682680103	ONEOK ORD	-	-	84	4,313	5,519
682189105	ON SEMICONDUCTOR ORD	-	-	36	2,155	2,245
67103H107	O REILLY AUTOMOTIVE ORD	-	-	86	52,440	72,587
670346105	NUCOR ORD	-	-	61	4,873	8,040
G66721104	NORWEGIAN CRUISE LINE HOLDINGS ORD	-	-	28	776	343
668771108	GEN DIGITAL ORD	-	-	1,000	24,859	21,430
666807102	NORTHROP GRUMMAN ORD	-	-	119	42,067	64,928
655844108	NORFOLK SOUTHERN ORD	-	-	43	11,550	10,596
65473P105	NISOURCE ORD	-	-	79	1,902	2,166
65339F101	NEXTERA ENERGY ORD	-	-	190	14,635	15,884
65249B109	NEWS CL A ORD	-	-	122	3,179	2,220
651639106	NEWMONT ORD	-	-	262	15,273	12,366
651229106	NEWELL BRANDS ORD	-	-	85	2,300	1,112
64828T201	RITHM CAPITAL ORD	-	-	1,550	14,926	12,664
64110D104	NETAPP ORD	-	-	174	14,639	10,450
63938C108	NAVIENT ORD	-	-	343	5,618	5,642
631103108	NASDAQ ORD	-	-	72	4,530	4,417
67066G104	NVIDIA ORD	-	-	54	7,865	7,892
62955J103	NOV ORD	-	-	126	1,788	2,632
654106103	NIKE CL B ORD	-	-	413	60,127	48,325
620076307	MOTOROLA SOLUTIONS ORD	-	-	105	24,376	27,060
61945C103	MOSAIC ORD	-	-	65	2,032	2,852
615369105	MOODYS ORD	-	-	22	7,715	6,130
61174X109	MONSTER BEVERAGE ORD	-	-	240	21,922	24,367
609207105	MONDELEZ INTERNATIONAL CL A ORD	-	-	687	41,641	45,789
608190104	MOHAWK INDUSTRIES ORD	-	-	23	3,741	2,351
59522J103	MID AMERICA APT COMMUNITI REIT ORD	-	-	13	1,906	2,041
595112103	MICRON TECHNOLOGY ORD	-	-	243	20,728	12,145
595017104	MICROCHIP TECHNOLOGY ORD	-	-	46	3,684	3,232
580135101	MCDONALD'S ORD	-	-	708	169,260	186,579
57636Q104	MASTERCARD CL A ORD	-	-	271	92,327	94,235
574599106	MASCO ORD	-	-	275	15,588	12,834
V7780T103	ROYAL CARIBBEAN GROUP ORD	-	-	56	4,854	2,768
778296103	ROSS STORES ORD	-	-	44	5,025	5,107
776696106	ROPER TECHNOLOGIES ORD	-	-	12	4,783	5,185
773903109	ROCKWELL AUTOMAT ORD	-	-	14	3,688	3,606
770323103	ROBERT HALF INT ORD	-	-	212	20,780	15,652
760759100	REPUBLIC SERVICES ORD	-	-	74	8,544	9,545
75886F107	REGENERON PHARMACEUTICALS ORD	-	-	85	56,079	61,327
756109104	REALTY INCOME REIT ORD	-	-	49	3,010	3,108
75513E101	RAYTHEON TECHNOLOGIES ORD	-	-	221	17,566	22,303

(Continued)



# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
751212101	RALPH LAUREN CL A ORD	-	-	16	\$ 1,919	\$ 1,691
74915M100	QURATE RETAIL SRS A ORD	-	-	1,138	11,909	1,855
74834L100	QUEST DIAGNOSTICS ORD	-	-	76	10,898	11,889
74762E102	QUANTA SERVICES ORD	-	-	27	2,408	3,848
74460D109	PUBLIC STORAGE REIT ORD	-	-	107	33,422	29,980
744573106	PUBLIC SERVICE ENTERPRISE GROUP ORD	-	-	189	11,627	11,580
74340W103	PROLOGIS REIT	-	-	77	8,874	8,680
743315103	PROGRESSIVE ORD	-	-	229	21,934	29,704
742718109	PROCTER & GAMBLE ORD	-	-	1,432	201,997	217,034
74251V102	PRINCIPAL FINANCIAL GROUP ORD	-	-	76	4,625	6,378
723787107	PIONEER NATURAL RESOURCE ORD	-	-	16	2,634	3,654
723484101	PINNACLE WEST ORD	-	-	37	3,027	2,813
72147K108	PILGRIMS PRIDE ORD	-	-	24	586	570
713448108	PEPSICO ORD	-	-	1,652	253,569	298,450
704326107	PAYCHEX ORD	-	-	245	26,673	28,312
70450Y103	PAYPAL HOLDINGS ORD	-	-	120	16,153	8,546
701094104	PARKER HANNIFIN ORD	-	-	17	5,376	4,947
700517105	PARK HOTELS RESORTS ORD	-	-	112	2,444	1,320
695156109	PACKAGING CORP OF AMERICA ORD	-	-	23	3,147	2,942
693656100	PVH ORD	-	-	28	2,827	1,977
69351T106	PPL ORD	-	-	224	6,458	6,545
693506107	PPG INDUSTRIES ORD	-	-	278	39,728	34,956
693475105	PNC FINANCIAL SERVICES GROUP ORD	-	-	104	18,294	16,426
69331C108	PG&E ORD	-	-	277	3,576	4,504
69318G106	PBF ENERGY CL A ORD	-	-	73	1,138	2,977
693718108	PACCAR ORD	-	-	77	7,086	7,621
690742101	OWENS CORNING ORD	-	-	26	2,439	2,218
573284106	MARTIN MARIETTA MATERIALS ORD	-	-	7	2,337	2,366
571748102	MARSH & MCLENNAN ORD	-	-	291	44,273	48,155
570535104	MARKEL ORD	-	-	2	2,314	2,635
56418H100	MANPOWERGROUP ORD	-	-	31	3,140	2,580
55616P104	MACYS ORD	-	-	203	3,191	4,192
55261F104	M&T BANK ORD	-	-	40	6,127	5,802
550241103	LUMEN TECHNOLOGIES ORD	-	-	955	10,620	4,985
548661107	LOWE'S COMPANIES ORD	-	-	813	167,952	161,982
540424108	LOEWS ORD	-	-	63	3,292	3,675
539830109	LOCKHEED MARTIN ORD	-	-	335	118,834	162,974
G5494J103	LINDE ORD	-	-	61	17,131	19,897
531229607	LIBRTY MEDIA LRTY SIRIUSXM SRS C ORD	-	-	101	4,600	3,952
G5480U120	LIBERTY GLOBAL CL C ORD	-	-	432	11,677	8,394
525327102	LEIDOS HOLDINGS ORD	-	-	81	7,853	8,520
50540R409	LABORATORY CORPRTN OF AMER HLDGS ORD	-	-	22	5,723	5,181
501889208	LKQ ORD	-	-	49	2,105	2,617
502431109	L3HARRIS TECHNOLOGIES ORD	-	-	95	20,693	19,780
49456B101	KINDER MORGAN CL P ORD	-	-	608	10,239	10,993
487836108	KELLOGG ORD	-	-	383	24,189	27,285
482480100	KLA ORD	-	-	79	28,167	29,785
48203R104	JUNIPER NETWORKS ORD	-	-	429	12,005	13,711
48020Q107	JONES LANG LASALLE ORD	-	-	12	2,214	1,912
G51502105	JOHNSON CONTROLS INTERNATIONAL ORD	-	-	140	8,443	8,960
478160104	JOHNSON & JOHNSON ORD	-	-	1,603	264,539	283,170
477143101	JETBLUE AIRWAYS ORD	-	-	158	3,218	1,024
47233W109	JEFFERIES FINANCIAL GROUP ORD	-	-	59	1,793	2,023
466313103	JABIL ORD	-	-	48	2,543	3,274
46625H100	JPMORGAN CHASE ORD	-	-	841	122,422	112,778
445658107	JB HUNT TRANSPORT SERVICES ORD	-	-	64	10,879	11,159
573874104	MARVELL TECHNOLOGY ORD	-	-	62	2,543	2,296
233331107	DTE ENERGY ORD	-	-	35	3,962	4,114
23345M107	DT MIDSTREAM ORD	-	-	9	357	497
36262G101	GXO LOGISTICS ORD	-	-	5	267	213
70830104	BATH AND BODY WORKS ORD	-	-	293	18,590	12,347
926400102	VICTORIA S SECRET ORD	-	-	9	320	322
18581108	BREAD FINANCIAL HOLDINGS ORD	-	-	263	19,565	9,905
54911Q107	LOYALTY VENTURES ORD	-	-	9	516	22
50155Q100	KYNDRYL HOLDINGS ORD	-	-	149	2,372	1,657
68629Y103	ORION OFFICE REIT ORD	-	-	7	149	60
30161N101	EXELON ORD	-	-	228	7,044	9,856
US98888T1079	ZIMVIE ORD	-	-	3	143	28
75887109	BECTON DICKINSON ORD	-	-	92	22,750	23,396
US29082K1051	EMBECTA ORD	-	-	11	348	278

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
48251W104	KKR AND CO ORD	-	-	48	\$ 2,220	\$ 2,228
339041105	FLEETCOR TECHNOLOGIES ORD	-	-	29	5,328	5,327
889478103	TOLL BROTHERS ORD	-	-	46	2,133	2,296
62944T105	NVR ORD	-	-	1	3,701	4,613
H84989104	TE CONNECTIVITY ORD	-	-	49	5,775	5,625
46982L108	JACOBS SOLUTIONS ORD	-	-	25	3,249	3,002
679580100	OLD DOMINION FREIGHT LINE ORD	-	-	5	1,321	1,419
983793100	XPO ORD	-	-	14	656	466
74982T103	RXO ORD	-	-	14	404	241
30190A104	F&G ANNUITIES AND LIFE ORD	-	-	5	97	100
34964C106	FORTUNE BRANDS INNOVATIONS ORD	-	-	22	1,864	1,256
57638P104	MASTERBRAND ORD	-	-	22	274	166
640491106	NEOGEN ORD	-	-	20	536	298
				<u>432,408</u>	<u>25,304,017</u>	<u>26,107,371</u>
COLLECTIVE TRUSTS:						
999508583DMBA	CF DAILY VALUED OPEN END FUND	-	-	2,208	4,262,603	3,509,686
				<u>2,208</u>	<u>4,262,603</u>	<u>3,509,686</u>
REGISTERED INVESTMENT COMPANIES:						
04314H402	ARTISAN:INTERNATL INST	-	-	159,374	4,286,178	3,829,761
24610J209	DELAWARE HI YLD OPP R6	-	-	346,857	1,382,772	1,134,223
23320G471	DFA WLD EX US VAL I	-	-	493,035	5,608,935	5,487,484
233203819	DFA US SMALL CAP VAL I	-	-	37,849	1,207,545	1,487,102
35908Y708	FRONTIER MFG GL EQ INS	-	-	265,721	3,835,626	2,439,156
362008245	GMO QUALITY IV	-	-	208,894	4,941,460	4,831,729
317609352	GRANDEUR ITL OPP INST	-	-	1,050,332	3,598,217	3,392,571
4812C0159	JPMORGAN:MTGE SECS R6	-	-	1,234,817	14,011,728	12,274,076
00170K745	AMG TIMESSQUAREMCG Z	-	-	207,272	3,928,997	2,862,423
89155T524	TOUCHSTONE:SEL GRO INST	-	-	300,702	3,950,141	2,859,671
922908868	VANGUARD GRO IDX INST	-	-	55,314	6,467,475	6,069,010
922031877	VANGUARD SH-TM INV INST	-	-	696,375	7,547,208	6,928,929
922031810	VANGUARD INT-TM INV ADM	-	-	54,166	514,696	450,662
381430503	GOLDMAN:AB US LG CAP EQ	-	-	103,677	4,677,395	7,892,930
922908819	VANGUARD SC G ID INS	-	-	18,040	1,154,354	1,018,533
54401E622	LORD ABBETT SH DUR R6	-	-	3,652,525	15,045,771	13,989,169
91936153	BLACKROCK:IS TUS SM K	-	-	260,272	3,511,829	4,606,817
922040209	VANGUARD INSTL INDX INSP	-	-	2,586	691,048	831,556
922908108	VANGUARD 500 IDX INV	-	-	453	161,000	160,601
92913L569	VOYA:INTMDT BD R6	-	-	110,835	1,146,377	947,638
54401E432	LORD ABBETT UL SHT BD R6	-	-	5,038,582	50,547,198	49,478,879
552746356	MFS INTL GROWTH R6	-	-	52,828	1,948,784	1,902,873
46641U564	JPMORGAN:US VALUE R6	-	-	93,861	4,912,364	6,511,133
92189F437	VANECK:FA HIGH YLD BOND	-	-	71,257	2,194,669	1,925,364
92189F486	VANECK:IG FLOATING RATE	-	-	435,023	11,048,190	10,823,372
92646A815	VICTORY:SM CO OPP I	-	-	45,014	2,344,624	2,087,750
921939203	VANGUARD INTL VAL INV	-	-	162,567	6,840,390	5,810,147
921909818	VANGUARD TOT I S ADM	-	-	3,839	129,190	106,955
IE00BGC82301	SH INVT GRD EM DBT M USD ACC	-	-	51,664	5,000,000	4,544,327
IE00BDFM1316	STONEHARBOR INVGREMORDT MUSDAC	-	-	35,000	3,500,000	3,307,851
				<u>15,248,729</u>	<u>176,134,160</u>	<u>169,992,692</u>
REAL ESTATE:						
HARRICRED	HARRISON STREET CORE PROPERTY FUND	-	-	3,390	4,149,338	5,497,065
LIONITRED	LION INDUSTRIAL TRUST PROPERTIES	-	-	2,880	4,870,967	11,868,578
MORGSPRED	MORGAN STANLEY PRIME PROPERTY FUND	-	-	336	4,794,582	7,527,210
PRISLPRED	PRISA LP DHC	-	-	833	733,801	1,909,447
SENHOSRED	SENIOR HOUSING PARTNERS V	-	-	1,293,422	1,293,422	1,704,512
RREEF2RED	RREEF AMERICA REIT II	-	-	16,600	2,062,496	2,610,411
UBSTRURED	UBS TRUMBULL PROPERTY FUND DHC	-	-	103	834,537	1,158,627
USAAEARED	USAA EAGLE PRM/DHC RE	-	-	713,150	713,150	1,618,258
TAFDIURED	THE REALTY ASSOCIATES FUND XI	-	-	372,655	372,655	629,255
				<u>2,403,369</u>	<u>19,824,948</u>	<u>34,523,363</u>

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
LIMITED PARTNERSHIPS:						
CERLL2DAD	CERBERUS OFFSHORE LEVERAGED LOAN FD II	-	-	1	\$ 1	\$ 395,471
LEVNE4FID	LEVINE LEICHTMAN CAPITAL PARTNERS IV FI	-	-	1,125,996	1,125,996	362,500
LEVNE5FID	LEVINE LEICHTMAN CAPITAL PARTNERS V	-	-	647,291	647,291	1,006,787
PAPE3CFID	PA PRIVATE EQUITY FUND III, CLASS C	-	-	103,185	103,185	93,004
CERLL3DAD	CERBERUS OFFSHORE LEVERAGE LOAN FD III	-	-	492,338	492,338	698,128
GOLDP4NID	GOLDPOINT IV NIGD	-	-	1,926,266	1,926,266	1,881,994
DISCMCCMD	DISCIPLINED MICROCAP EQUITY	-	-	90,688	911,114	1,246,617
JPMCBGEMO	JPMCB GLOBAL EM	-	-	274,950	5,664,634	5,204,810
CERLIVDAD	Cerberus	-	-	1,308,183	1,308,183	1,338,608
CHRBK2NID	CHARLESBK OPP II	-	-	1,119,284	1,119,284	1,133,377
VISCR3PED	VISTA CREDIT PARTNERS III	-	-	1,027,163	1,027,163	1,085,580
ANGEL4NGD	ANGELO GORDON IV LP	-	-	1,688,931	1,688,931	1,762,753
SHENKTNID	SHENKMAN TACTICAL CF	-	-	1,452,371	1,452,371	1,539,902
MONCAPNID	MONROE CAPITAL FEEDER FD IV	-	-	1,703,198	1,703,198	1,704,010
HERZFENG	HCM Cayman Feeder Ltd	-	-	6,000,000	6,000,000	6,146,360
SEVARKEMD	Seven Canyons	-	-	1,500,000	1,500,000	1,317,370
				20,459,845	26,669,954	26,917,271
103-12 INVESTMENT ENTITIES:						
PACIBLCMD	PACIFIC BANK LOAN CO-MINGLED FUND	-	-	1,660,535	1,892,432	2,252,464
FIERAOPLD	FIERA INTL EQUITY LONG LP	-	-	1,473,352	1,500,000	1,667,109
MONDRILPD	MONDRIAN INTERNATIONAL EQUITY FUND, L.P.	-	-	593,256	5,932,556	5,581,408
				3,727,143	9,324,989	9,500,981
OTHER:						
427098116	HERCULES TRUST II	-	-	85	-	5,199
FWEURUSD030723-B-EUR	FWD 03/07/2023 at 1.05687 EUR/USD	-	3/7/2023	(30,000)	(31,706)	(32,250)
FWEURUSD030723-B-USD	FWD 03/07/2023 at 1.05687 EUR/USD	-	3/7/2023	31,706	31,706	31,706
92511U110	VERRA MOBILITY EQ WARRANT	-	-	4,700	16,259	17,061
387432115	EXECUTIVE NETWORK PARTNERING CORPORATION	-	-	14,670	15,614	16,871
13781Y111	CANO HEALTH EQ WARRANT	-	-	7,500	3,073	1,650
ESH3C-4220-DMBA	CALL MAR 23 EMINI S&P 500 OPTION 4220.0 AMER STYLE	-	-	1	3,765	1,263
SCG3C-4050-DMBA	CALL FEB 23 .MM EOM M S&P OPTION 4050.0 EURO STYLE	-	-	1	2,778	2,488
3EG3C-4230-DMBA	CALL FEB 23 CME MINIS&PW3 OPTION 4230.0 EURO STYLE	-	-	1	3,571	498
				28,664	45,060	44,486
COLLATERAL HELD UNDER SECURITIES LENDING AGREEMENTS:						
-	Cash*	-	-	\$ 914,248	\$ 914,248	\$ 914,248

\* The cash included in this supplemental schedule is restricted and held as collateral under a securities lending arrangement.

See accompanying independent auditor's report.

(Concluded)

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-0440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS AS OF DECEMBER 31, 2022

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	(f) Expense Incurred With Transaction*	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS									
None.									
SERIES IN SAME SECURITY									
The Vanguard Group, Inc.	Short-Term Investment Fund	\$ -	\$26,311,000	\$ -	8	\$ -	\$28,088,436	\$26,311,000	\$(1,777,436)
The Vanguard Group, Inc.	Short-Term Investment Fund	477,522	-	-	26	-	477,522	477,522	-

\* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the Trustee.

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

### FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
U.S. GOVERNMENT SECURITIES:						
38374D8E2	GNR 2013-058 C	2.500	4/20/2043	230,549	\$ 228,378	\$ 185,319
3133ENZH6	FEDERAL FARM CREDIT BANKS FUNDING CORP	5.480	6/27/2042	2,000,000	2,000,000	1,877,312
912796W47	UNITED STATES TREASURY	-	5/18/2023	240,000	235,916	235,937
				2,470,549	2,464,295	2,298,568
CORPORATE DEBT INSTRUMENTS:						
06051GF80	BANK OF AMERICA CORP	4.125	1/22/2024	1,000,000	1,004,779	991,316
456866AK8	TRANE TECHNOLOGIES CO LLC	6.391	11/15/2027	400,000	400,000	414,896
525ESC8C6	LEHMAN BROTHERS HOLDINGS	6.000	1/1/2049	440,000	-	343
61746BCY0	MORGAN STANLEY	6.250	8/9/2026	1,000,000	1,080,709	1,047,010
166754AP6	CHEVRON PHILLIPS CHEMICAL COMPANY LLC	3.400	12/1/2026	1,000,000	999,017	938,752
828807CY1	SIMON PROPERTY GROUP LP	3.250	11/30/2026	1,000,000	987,338	936,359
233851CU6	MERCEDES-BENZ FINANCE NORTH AMERICA LLC	3.450	1/6/2027	1,000,000	998,218	940,292
20030NBY6	COMCAST CORP	3.300	2/1/2027	1,000,000	999,129	943,660
92343VDY7	VERIZON COMMUNICATIONS INC	4.125	3/16/2027	1,000,000	996,492	975,337
82938NAC8	SINOPEC GROUP OVERSEAS DEVELOPMENT (2017) LTD	3.625	4/12/2027	1,000,000	996,941	961,520
05348EBA6	AVALONBAY COMMUNITIES INC	3.350	5/15/2027	350,000	348,886	325,595
313747AY3	FEDERAL REALTY OP LP	3.250	7/15/2027	500,000	497,745	460,215
67077MAE8	NUTRIEN LTD	4.000	12/15/2026	1,000,000	995,896	962,748
06051GJL4	BANK OF AMERICA CORP	1.922	10/24/2031	400,000	392,917	305,953
29364N108	ENTERGY MISSISSIPPI LLC	4.900	10/1/2066	101,562	2,537,287	2,061,719
05580M827	B RILEY FINANCIAL INC	5.500	3/31/2026	9,560	239,000	210,798
90365EAA7	UIRC-GSA HOLDINGS III LLC	3.500	4/30/2026	1,000,000	1,000,000	929,690
233331859	DTE ENERGY CO	5.250	12/1/2077	58,400	1,460,000	1,251,512
24718PAA5	BORGWARNER JERSEY LTD	5.000	10/1/2025	450,000	483,757	435,366
039483AM4	ARCHER-DANIELS-MIDLAND CO	7.500	3/15/2027	550,000	684,433	606,109
26441C402	DUKE ENERGY CORP	5.625	9/15/2078	14,500	371,446	330,600
00726LAA4	ADOMNI, INC.	5.500	10/15/2024	137,500	137,500	131,161
29364WAT5	ENTERGY LOUISIANA LLC	5.000	7/15/2044	600,000	631,482	530,960
05580M793	B RILEY FINANCIAL INC	5.000	12/31/2026	7,360	184,000	153,530
88675PAD5	TIGO ENERGY, INC.	5.500	1/15/2025	191,667	191,667	188,894
216378AA7	COOKS VENTURE, INC.	5.500	1/15/2025	230,000	230,000	224,066
744320AM4	PRUDENTIAL FINANCIAL INC	5.625	6/15/2043	385,000	389,513	378,263
637432MT9	NATIONAL RURAL UTILITIES COOPERATIVE FINANCE CORP	4.750	4/30/2043	266,000	265,045	246,715
29364W108	ENTERGY LOUISIANA LLC	4.875	9/1/2066	60,000	1,498,798	1,219,500
53636CAA2	LIQUILIDE INC.	5.500	2/24/2026	230,000	230,000	215,954
29290BAA1	ENCELADUS DEVELOPMENT VENTURE III LLC	10.000	11/15/2023	1,100,000	1,100,000	1,095,050
45845PAA6	INTERCEPT PHARMACEUTICALS INC	3.250	7/1/2023	23,000	21,952	22,541
75574U200	READY CAPITAL CORP	7.000	8/15/2023	600	15,000	15,024
200300606V2	Comcast Corporation 2.0% Debentures	2.000	11/15/2029	700	48,789	39,900
55272XAA0	MFA FINANCIAL INC	6.250	6/15/2024	25,000	25,071	22,375
74348AT9	PROSPECT CAPITAL CORP	6.375	3/1/2025	20,000	20,145	19,926
868459AD0	SUPERNU PHARMACEUTICALS INC	0.625	4/1/2023	16,000	15,717	15,720
87900YAE3	TEEKAY CORP	5.000	1/15/2023	23,000	22,930	23,003
62957HAB1	NABORS INDUSTRIES INC	0.750	1/15/2024	29,000	26,903	26,680
552848AB9	MGIC INVESTMENT CORP	9.000	4/1/2063	19,000	16,042	25,432
25470MAD1	DISH NETWORK CORP	2.375	3/15/2024	23,000	22,142	20,723
43940TAB5	HOPE BANCORP INC	2.000	5/15/2038	9,000	8,928	8,793
001ESC9D6	AMR CORP ESCROW	-	12/29/2049	10,000	2,137	-
530715AL5	LIBERTY INTERACTIVE LLC	3.750	2/15/2030	33,685	26,316	11,453
B33899AC7PP	ECONOCOM GROUP SE	0.500	3/6/2023	17,189	16,498	17,497
21870UAC0	COREENERGY INFRASTRUCTURE TRUST INC	5.875	8/15/2025	38,000	34,354	26,423
34984VAC4	FORUM ENERGY TECHNOLOGIES INC	9.000	4/8/2025	21,717	21,074	23,103
878155AE0	TEAM INC	5.000	8/1/2023	25,000	24,782	22,125
03762UAC9	APOLLO COMMERCIAL REAL ESTATE FINANCE INC	5.375	10/15/2023	28,000	28,023	27,230
893830BJ7	TRANSOCEAN INC	0.500	1/30/2023	30,000	29,787	28,838
163092AF6	CHEGG INC	-	9/1/2026	27,000	23,208	21,179
81141RAG5	SEA LTD	0.250	9/15/2026	24,000	19,626	17,580
F54833CS9	KORIAN SE	0.875	3/6/2027	22,151	48,139	15,360
70932AAFO	PENNYMAC CORP	5.500	3/15/2026	15,000	15,000	12,141
405024AB6	HAEMONETICS CORP	-	3/1/2026	22,000	19,267	18,179
256163AD8	DOCUSIGN INC	-	1/15/2024	20,000	18,933	18,800
679295AF2	OKTA INC	0.375	6/15/2026	29,000	23,609	24,360
76680RAH0	RINGCENTRAL INC	-	3/15/2026	29,000	22,555	22,765
483548AFO	KAMAN CORP	3.250	5/1/2024	101,000	102,523	93,880
229050AC3	CRYOPORT INC	0.750	12/1/2026	26,000	18,976	19,061
531229AJ1	LIBERTY MEDIA CORP	2.750	12/1/2049	120,000	116,087	109,380
06739GCF4	BARCLAYS BANK PLC	-	2/18/2025	150,000	157,720	157,080

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
25155MKU4	DEUTSCHE BANK AG (LONDON BRANCH)	1.000	5/1/2023	140,000	\$ 141,168	\$ 153,888
531229AB8	LIBERTY MEDIA CORP	1.375	10/15/2023	80,000	81,505	98,520
09709TED9	BOFA FINANCE LLC	0.250	5/1/2023	130,000	131,691	130,000
00922RAB1	AIR TRANSPORT SERVICES GROUP INC	1.125	10/15/2024	40,000	40,029	41,452
42330PAK3	HELIX ENERGY SOLUTIONS GROUP INC	6.750	2/15/2026	27,000	25,675	37,304
00971TAL5	AKAMAI TECHNOLOGIES INC	0.375	9/1/2027	130,000	141,865	125,190
875372AA2	TANDEM DIABETES CARE INC	1.500	5/1/2025	55,000	56,379	49,753
70509VAA8	PEBBLEBROOK HOTEL TRUST	1.750	12/15/2026	60,000	60,864	49,350
866082AA8	SUMMIT HOTEL PROPERTIES INC	1.500	2/15/2026	30,000	30,661	25,620
76029LAA8	REPAY HOLDINGS CORP	- .000	2/1/2026	5,000	5,000	3,652
55024UAD1	LUMENTUM HOLDINGS INC	0.500	12/15/2026	52,000	59,067	44,590
404139AG2	INNOVATE CORP.	7.500	8/1/2026	30,000	30,079	24,018
23248VAB1	CYBERARK SOFTWARE LTD	-	11/15/2024	25,000	26,811	26,454
59064RAA7	MESA LABORATORIES INC	1.375	8/15/2025	70,000	72,371	62,860
629377CG5	NRG ENERGY INC	2.750	6/1/2048	45,000	49,330	44,483
71639TAB2	PETIQ INC	4.000	6/1/2026	55,000	60,528	45,375
472145AF8	JAZZ INVESTMENTS I LTD	2.000	6/15/2026	55,000	61,386	65,381
596278AB7	MIDDLEBY CORP	1.000	9/1/2025	45,000	49,479	52,898
784730AB9	SSR MINING INC	2.500	4/1/2039	60,000	64,610	67,050
88331LAA6	BEAUTY HEALTH CO	1.250	10/1/2026	60,000	53,038	45,360
501812AB7	LCI INDUSTRIES	1.125	5/15/2026	25,000	25,000	21,063
13469VAA6	CAMTEK LTD	-	12/1/2026	40,000	40,965	30,220
252131AK3	DEXCOM INC	0.250	11/15/2025	50,000	54,259	54,375
40131MAB5	GUARDANT HEALTH INC	-	11/15/2027	20,000	20,303	12,438
844741BG2	SOUTHWEST AIRLINES CO	1.250	5/1/2025	45,000	52,562	54,045
009066AB7	AIRBNB INC	-	3/15/2026	90,000	85,003	74,070
82452JAB5	SHIFT4 PAYMENTS INC	-	12/15/2025	30,000	28,492	29,719
40637HAD1	HALOZYME THERAPEUTICS INC	0.250	3/1/2027	45,000	42,692	43,566
345370CZ1	FORD MOTOR CO	- .000	3/15/2026	65,000	70,806	61,328
45245EAJ8	IMAX CORP	0.500	4/1/2026	35,000	34,533	29,519
83417MAD6	SOLAREEDGE TECHNOLOGIES INC	-	9/15/2025	10,000	10,782	12,415
10482BAB7	BRAEMAR HOTELS & RESORTS INC	4.500	6/1/2026	55,000	56,412	51,886
45867GAC5	INTERDIGITAL WIRELESS INC	3.500	6/1/2027	95,000	94,831	89,775
477839AB0	JOHN BEAN TECHNOLOGIES CORP	0.250	5/15/2026	15,000	15,758	12,878
207410AG6	CONMED CORP	2.250	6/15/2027	35,000	35,473	31,885
17330FSU1	CITIGROUP GLOBAL MARKETS HOLDINGS INC	0.125	6/17/2027	105,000	104,998	107,132
22410JAB2	CRACKER BARREL OLD COUNTRY STORE INC	0.625	6/15/2026	55,000	54,238	46,956
09857LAN8	BOOKING HOLDINGS INC	0.750	5/1/2025	60,000	70,431	79,914
82452JAD1	SHIFT4 PAYMENTS INC	0.500	8/1/2027	15,000	15,218	12,623
09709UV70	BOFA FINANCE LLC	0.600	5/25/2027	85,000	86,508	97,784
02081GAB8	ALPHATEC HOLDINGS INC	0.750	8/1/2026	20,000	19,412	18,276
02043QAA5	ALNYLAM PHARMACEUTICALS INC	1.000	9/15/2027	30,000	30,038	32,475
48133DL24	JPMORGAN CHASE FINANCIAL COMPANY LLC	0.500	6/15/2027	60,000	64,752	72,630
750481AA1	RADIUS GLOBAL INFRASTRUCTURE INC	2.500	9/15/2026	50,000	44,895	43,843
852234AD5	BLOCK INC	0.500	5/15/2023	15,000	15,531	15,548
090043AB6	BILL.COM HOLDINGS INC	-	12/1/2025	50,000	53,899	51,150
665531AH2	NORTHERN OIL AND GAS INC	3.625	4/15/2029	25,000	26,779	26,875
42805EAB4	HESKA CORP	3.750	9/15/2026	25,000	26,177	25,875
62886HBD2	NCL CORPORATION LTD	1.125	2/15/2027	50,000	50,026	33,940
23804LAB9	DATADOG INC	0.125	6/15/2025	25,000	26,635	27,281
05592QUW3	BNP PARIBAS SA	0.750	5/5/2025	50,000	61,610	61,315
516544AA1	LANTHEUS HOLDINGS INC	2.625	12/15/2027	5,000	5,162	5,035
703343AG8	PATRICK INDUSTRIES INC	1.750	12/1/2028	15,000	15,000	12,232
				<u>20,047,590</u>	<u>26,024,941</u>	<u>23,913,698</u>
PREFERRED STOCK:						
45822P204	INTEGRYS HOLDING INC	6.000	8/1/2073	7,250	191,110	168,563
29364D100PRFD	ENTERGY ARKANSAS LLC	4.875	9/1/2066	25,000	625,000	502,500
283678209	EL PASO ENERGY CAPITAL TRUST I	4.750	3/31/2028	434	18,769	19,547
10482B200	BRAEMAR HOTELS & RESORTS INC	5.500	-	10	160	156
US74965L2007	RLJ LODGING TRUST	7.800	-	957	26,030	22,767
64944P307	NEW YORK COMMUNITY CAPITAL TRUST V	6.000	11/1/2051	527	25,442	22,861
00170F209	AMG CAPITAL TRUST II	5.150	10/15/2037	3,099	162,154	159,599
10482B309	BRAEMAR HOTELS & RESORTS INC	8.250	-	1,060	20,872	25,705
38983D409	GREAT AJAX CORP	7.250	4/30/2024	27	701	646
74348T748	PROSPECT CAPITAL CORPORATION	5.500	-	972	24,057	24,300
60505682	MISSION ENERGY HOLDING COMPANY	7.250	-	50	66,176	58,000
366505204	GARRETT MOTION INC	11.000	-	1,860	14,116	16,182
902973155	US BANCORP	4.679	-	4,101	92,897	74,433

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
59156R850	METLIFE INC	4.750	-	2,221	\$ 51,017	\$ 43,443
59156R876	METLIFE INC	5.625	-	1,774	45,219	41,033
42550U208	HENKEL AND PRF	-	-	7,106	116,846	123,276
902973718	US BANCORP	4.000	-	703	12,306	11,438
416518603	HARTFORD FINANCIAL SERVICES GROUP INC	6.000	-	173	4,371	4,375
				<u>57,324</u>	<u>1,497,244</u>	<u>1,318,824</u>
COMMON STOCK:						
382550101	GOODYEAR TIRE AND RUBBER ORD	-	-	4,225	59,618	42,884
92343V104	VERIZON COMMUNICATIONS ORD	-	-	4,936	254,042	194,478
00287Y109	ABBVIE ORD	-	-	742	74,728	119,915
1055102	AFLAC ORD	-	-	1,368	67,178	98,414
1084102	AGCO ORD	-	-	215	11,642	29,818
20002101	ALLSTATE ORD	-	-	536	44,332	72,682
25932104	AMERICAN FINANCIAL GROUP ORD	-	-	144	8,418	19,768
03076C106	AMERIPRISE FINANCE ORD	-	-	226	37,746	70,370
31162100	AMGEN ORD	-	-	1,266	275,102	332,502
60505104	BANK OF AMERICA ORD	-	-	2,815	89,022	93,233
14040H105	CAPITAL ONE FINANCIAL ORD	-	-	1,287	122,625	119,640
17275R102	CISCO SYSTEMS ORD	-	-	8,707	435,169	414,801
172967424	CITIGROUP ORD	-	-	5,005	286,601	226,376
254709108	DISCOVER FINANCIAL SERVICES ORD	-	-	486	18,430	47,545
277432100	EASTMAN CHEMICAL ORD	-	-	203	15,225	16,532
G3223R108	EVEREST RE GROUP ORD	-	-	265	51,377	87,787
345370860	FORD MOTOR ORD	-	-	6,676	85,562	77,642
375558103	GILEAD SCIENCES ORD	-	-	5,312	377,876	456,035
38141G104	GOLDMAN SACHS GROUP ORD	-	-	670	177,404	230,065
416515104	HARTFORD FINANCIAL SERVICES GRUP ORD	-	-	960	50,336	72,797
447011107	HUNTSMAN ORD	-	-	1,100	22,539	30,228
457187102	INGREDION ORD	-	-	357	30,317	34,961
458140100	INTEL ORD	-	-	4,552	183,583	120,309
493267108	KEYCORP ORD	-	-	2,011	19,460	35,032
500255104	KOHL'S ORD	-	-	310	16,722	7,828
501044101	KROGER ORD	-	-	2,215	82,161	98,745
521865204	LEAR ORD	-	-	240	25,210	29,765
56585A102	MARATHON PETROLEUM ORD	-	-	586	36,361	68,205
617446448	MORGAN STANLEY ORD	-	-	1,468	122,105	124,809
718546104	PHILLIPS 66 ORD	-	-	571	32,055	59,430
744320102	PRUDENTIAL FINANCIAL ORD	-	-	355	25,830	35,308
750236101	RADIAN GROUP ORD	-	-	500	8,241	9,535
857477103	STATE STREET ORD	-	-	779	48,074	60,427
91529Y106	UNUM ORD	-	-	594	16,366	24,372
928298108	VISHAY INTERTECH ORD	-	-	1,773	23,690	38,244
949746101	WELLS FARGO ORD	-	-	6,490	266,148	267,972
963320106	WHIRLPOOL ORD	-	-	267	33,035	37,770
40434L105	HP ORD	-	-	4,747	119,480	127,552
N53745100	LYONDELLBASELL INDUSTRIES CL A ORD	-	-	872	80,231	72,402
316773100	FIFTH THIRD BANCORP ORD	-	-	876	20,386	28,742
247361702	DELTA AIR LINES ORD	-	-	560	28,095	18,402
87612E106	TARGET ORD	-	-	989	209,953	147,401
96145D105	WESTROCK ORD	-	-	631	28,382	22,186
37045V100	GENERAL MOTORS ORD	-	-	2,316	92,689	77,910
70959W103	PENSKE AUTOMOTIVE GROUP VTG ORD	-	-	313	14,984	35,973
14149Y108	CARDINAL HEALTH ORD	-	-	705	47,857	54,193
512807108	LAM RESEARCH ORD	-	-	183	83,068	76,915
910047109	UNITED AIRLINES HOLDINGS ORD	-	-	242	16,928	9,123
534187109	LINCOLN NATIONAL ORD	-	-	405	27,345	12,442
42735100	ARROW ELECTRONICS ORD	-	-	285	27,605	29,802
38222105	APPLIED MATERIAL ORD	-	-	1,441	150,391	140,325
7591EP100	REGIONS FINANCIAL ORD	-	-	2,301	42,650	49,610
59156R108	METLIFE ORD	-	-	1,027	57,987	74,324
40412C101	HCA HEALTHCARE ORD	-	-	428	80,777	102,703
42824C109	HEWLETT PACKARD ENTERPRISE ORD	-	-	1,536	20,697	24,515
931427108	WALGREEN BOOTS ALLIANCE ORD	-	-	2,433	123,820	90,897
902494103	TYSON FOODS CL A ORD	-	-	718	52,169	44,696
64058100	BANK OF NEW YORK MELLON ORD	-	-	794	41,860	36,143
231021106	CUMMINS ORD	-	-	557	109,827	134,956
91913Y100	VALERO ENERGY ORD	-	-	339	28,292	43,006
23355L106	DXC TECHNOLOGY ORD	-	-	162	5,985	4,293

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
745867101	PULTEGROUP ORD	-	-	788	\$ 24,016	\$ 35,878
86516101	BEST BUY ORD	-	-	875	78,071	70,184
446413106	HUNTINGTON INGALLS INDUSTRIES ORD	-	-	128	26,308	29,527
150870103	CELANESE ORD	-	-	332	41,598	33,944
126650100	CVS HEALTH ORD	-	-	2,013	169,228	187,591
163851108	CHEMOURS ORD	-	-	600	20,326	18,372
344849104	FOOT LOCKER ORD	-	-	770	41,178	29,098
20030N101	COMCAST CL A ORD	-	-	5,966	279,047	208,631
31428X106	FEDEX ORD	-	-	370	69,046	64,084
883203101	TEXTRON ORD	-	-	361	18,741	25,559
G50871105	JAZZ PHARMACEUTICALS ORD	-	-	140	18,284	22,303
92840M102	VISTRA ORD	-	-	902	22,457	20,926
81761L102	SERVICE PROPERTIES TRUST ORD	-	-	300	8,084	2,187
110122108	BRISTOL MYERS SQUIBB ORD	-	-	2,375	150,134	170,881
929089100	VOYA FINANCIAL ORD	-	-	300	17,902	18,447
92556H206	PARAMOUNT GLOBAL CL B ORD	-	-	1,939	74,635	32,730
278642103	EBAY ORD	-	-	2,751	152,721	114,084
827048109	SILGAN HOLDINGS ORD	-	-	700	21,855	36,288
09062X103	BIOGEN ORD	-	-	240	66,513	66,461
58155Q103	MCKESSON ORD	-	-	200	41,892	75,024
G3198U102	ESSENT GROUP ORD	-	-	500	18,215	19,440
629377508	NRG ENERGY ORD	-	-	1,618	61,304	51,485
08579W103	BERRY GLOBAL GROUP ORD	-	-	360	17,100	21,755
68389X105	ORACLE ORD	-	-	3,602	292,670	294,427
23918K108	DAVITA ORD	-	-	463	46,455	34,572
717081103	PFIZER ORD	-	-	6,108	219,880	312,974
833034101	SNAP ON ORD	-	-	130	23,268	29,704
92556V106	VIATRIS ORD	-	-	782	9,289	8,704
205887102	CONAGRA BRANDS ORD	-	-	1,376	47,903	53,251
00508Y102	ACUITY BRANDS ORD	-	-	100	11,888	16,561
500754106	KRAFT HEINZ ORD	-	-	1,875	66,120	76,331
65336K103	NEXSTAR MEDIA GROUP ORD	-	-	170	18,297	29,755
431571108	HILLENBRAND ORD	-	-	500	21,715	21,335
85208M102	SPROUTS FARMERS MARKET ORD	-	-	1,100	24,540	35,607
546347105	LOUISIANA PACIFIC ORD	-	-	400	15,977	23,680
87165B103	SYNCHRONY FINANCIAL ORD	-	-	2,117	81,520	69,565
174610105	CITIZENS FINANCIAL GROUP ORD	-	-	1,134	50,893	44,646
320517105	FIRST HORIZON ORD	-	-	700	13,091	17,150
G7997R103	SEAGATE TECHNOLOGY HOLDINGS ORD	-	-	623	29,299	32,776
58933Y105	MERCK & CO. INC.	-	-	5,105	374,258	566,400
68622V106	ORGANON ORD	-	-	1,403	43,480	39,186
35137L105	FOX CL A ORD	-	-	1,053	38,243	31,980
30231G102	EXXON MOBIL ORD	-	-	2,437	167,740	268,801
254543101	DIODES ORD	-	-	400	35,101	30,456
828806109	SIMON PROP GRP REIT ORD	-	-	526	69,008	61,794
125523100	CIGNA ORD	-	-	319	77,874	105,697
783549108	RYDER SYSTEM ORD	-	-	300	25,367	25,071
460146103	INTERNATIONAL PAPER ORD	-	-	627	30,242	21,713
US8713321029	SYLVAMO ORD	-	-	27	852	1,312
20848V105	CONSENSUS CLOUD SOLUTIONS ORD	-	-	100	3,130	5,376
24703L202	DELL TECHNOLOGIES CL C ORD	-	-	1,631	68,870	65,599
928563402	VMWARE CL A ORD	-	-	166	19,731	20,378
74736K101	QORVO ORD	-	-	481	36,659	43,598
459200101	INTERNATIONAL BUSINESS MACHINES ORD	-	-	2,560	331,039	360,678
403949100	HF SINCLAIR ORD	-	-	734	25,859	38,087
00206R102	AT&T ORD	-	-	10,821	211,967	199,215
934423104	WARNER BROS. DISCOVERY SRS A ORD	-	-	1,375	37,774	13,035
565849106	MARATHON OIL ORD	-	-	2,137	49,661	57,849
747525103	QUALCOMM ORD	-	-	1,687	227,175	185,469
224441105	CRANE HOLDINGS ORD	-	-	260	14,944	26,117
902681105	UGI ORD	-	-	647	27,110	23,984
30303M102	META PLATFORMS CL A ORD	-	-	1,657	353,906	199,403
35710839	ANNALY CAPITAL MANAGEMENT REIT ORD	-	-	1,530	39,588	32,242
12008R107	BUILDERS FIRSTSOURCE ORD	-	-	600	35,082	38,928
526057104	LENNAR CL A ORD	-	-	575	45,764	52,038
25179M103	DEVON ENERGY ORD	-	-	600	36,036	36,906
759509102	RELIAANCE STEEL ORD	-	-	223	38,912	45,144
03743Q108	APA ORD	-	-	1,000	34,680	46,680
44107P104	HOST HOTELS & RESORTS REIT ORD	-	-	2,018	33,538	32,389
39483102	ARCHER DANIELS MIDLAND ORD	-	-	1,049	72,817	97,400

(Continued)



# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
969904101	WILLIAMS SONOMA ORD	-	-	300	\$ 38,316	\$ 34,476
G9078F107	TRITON INTERNATIONAL ORD	-	-	500	28,225	34,390
94235108	BLOOMIN BRANDS ORD	-	-	1,900	41,917	38,228
23135106	AMAZON COM ORD	-	-	2,359	254,997	198,156
594918104	MICROSOFT ORD	-	-	1,460	263,371	350,137
91324P102	UNITEDHEALTH GRP ORD	-	-	370	112,351	196,167
02079K107	ALPHABET CL C ORD	-	-	2,280	194,301	202,304
N00985106	AERCAP HOLDINGS ORD	-	-	1,055	54,630	61,528
530307305	LIBERTY BROADBAND SRS C ORD	-	-	1,203	142,330	91,753
43300A203	HILTON WORLDWIDE HOLDINGS ORD	-	-	685	64,472	86,557
25470M109	DISH NETWORK CL A ORD	-	-	2,024	77,546	28,417
64110L106	NETFLIX ORD	-	-	671	219,418	197,864
980745103	WOODWARD ORD	-	-	512	57,625	49,464
254687106	WALT DISNEY ORD	-	-	776	116,397	67,419
571903202	MARRIOTT INTERNATIONAL CL A ORD	-	-	761	94,358	113,305
G0403H108	AON CL A ORD	-	-	352	95,323	105,649
631512209	NASPERS SPON 5 ADR REP CL N ORD	-	-	478	17,879	15,869
74365P108	PROSUS NV SPONSORED NETHERLANDS ADR	-	-	4,565	70,095	62,800
786584102	SAFRAN ADR	-	-	3,562	110,163	111,119
5369604301	GENERAL ELECTRIC ORD	-	-	1,957	171,967	163,977
36752103	ELEVANCE HEALTH ORD	-	-	159	59,120	81,562
92826C839	VISA CL A ORD	-	-	845	180,361	175,557
20825C104	CONOCOPHILLIPS ORD	-	-	985	88,311	116,230
780259305	SHELL ADR EACH REP 2 ORD	-	-	1,153	61,730	65,663
16119P108	CHARTER COMMUNICATIONS CL A ORD	-	-	128	58,842	43,405
73685109	BEACON ROOFING SUPPLY ORD	-	-	498	18,997	26,289
90572207	BIO RAD LABORATORIES CL A ORD	-	-	61	11,353	25,650
16359R103	CHEMED ORD	-	-	40	4,071	20,417
27579R104	EAST WEST BANCORP ORD	-	-	486	16,224	32,027
37637Q105	GLACIER BANCORP ORD	-	-	296	9,804	14,628
422806109	HEICO ORD	-	-	76	2,085	11,677
443320106	HUB GROUP CL A ORD	-	-	289	11,794	22,973
48666K109	KB HOME ORD	-	-	969	15,486	30,863
533900106	LINCOLN ELECTRIC HOLDINGS ORD	-	-	241	16,835	34,822
59001A102	MERITAGE HOMES ORD	-	-	443	18,146	40,845
670704105	NUVASIVE ORD	-	-	534	22,233	22,022
695263103	PACWEST BANCORP ORD	-	-	1,072	30,220	24,602
729132100	PLEXUS ORD	-	-	114	4,030	11,734
743606105	PROSPERITY BANCSHARES ORD	-	-	268	17,307	19,478
754730109	RAYMOND JAMES ORD	-	-	228	8,042	24,362
758750103	REGAL REYNOLD ORD	-	-	133	9,018	15,957
74965L101	RLJ LODGING REIT ORD	-	-	605	15,874	6,407
810186106	SCOTTS MIRACLE GRO ORD	-	-	214	11,802	10,398
902788108	UMB FINANCIAL ORD	-	-	277	19,796	23,135
904214103	UMPQUA HOLDINGS ORD	-	-	1,452	25,512	25,918
922417100	VEECO INSTRUMENTS ORD	-	-	379	13,174	7,042
947890109	WEBSTER FINANCIAL ORD	-	-	450	14,659	21,303
955306105	WEST PHARM SVC ORD	-	-	44	1,676	10,355
97650W108	WINTRUST FINANCIAL ORD	-	-	299	15,598	25,271
04316A108	ARTISAN PARTNERS ASSET MGMT CL A ORD	-	-	568	18,351	16,870
78486Q101	SVB FINANCIAL GROUP ORD	-	-	145	12,548	33,370
G54050102	LAZARD CL A ORD	-	-	1,118	35,740	38,761
31847R102	FIRST AMERICAN FINANCIAL ORD	-	-	405	16,262	21,198
860630102	STIFEL FINANCIAL ORD	-	-	348	11,418	20,313
74112D101	PRESTIGE CONSUMER HEALTHCARE ORD	-	-	92	4,731	5,759
513847103	LANCASTER COLONY ORD	-	-	113	13,520	22,295
G4388N106	HELEN OF TROY ORD	-	-	202	18,227	22,404
537008104	LITTELFUSE ORD	-	-	125	18,796	27,525
G4474Y214	JANUS HENDERSON GROUP ORD	-	-	1,062	25,306	24,978
985817105	YELP ORD	-	-	666	17,014	18,208
01988P108	ALLSCRIPTS HEALTHCARE SOLUTIONS ORD	-	-	1,981	21,354	34,945
423452101	HELMERICH AND PAYNE ORD	-	-	363	16,997	17,994
75281A109	RANGE RESOURCES ORD	-	-	899	13,842	22,493
156431108	CENTURY ALUMINUM ORD	-	-	1,140	15,226	9,325
87157D109	SYNAPTICS ORD	-	-	479	18,949	45,582
880779103	TEREX CORP	-	-	764	25,786	32,638
16115Q308	CHART INDUSTRIES ORD	-	-	253	20,240	29,153
816850101	SEMTECH ORD	-	-	486	26,346	13,943
114340102	AZENTA ORD	-	-	803	29,020	46,751
185899101	CLEVELAND CLIFFS ORD	-	-	3,121	18,103	50,279

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
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683344105	ONTO INNOVATION ORD	-	-	455	\$ 18,774	\$ 30,981
65290C105	NEXTIER OILFIELD SOLUTIONS ORD	-	-	1,549	13,375	14,313
55024U109	LUMENTUM HOLDINGS ORD	-	-	228	16,483	11,895
69327R101	PDC ENERGY ORD	-	-	708	15,287	44,944
974637100	WINNEBAGO INDS ORD	-	-	630	31,391	33,201
131193104	TOPGOLF CALLAWAY BRANDS ORD	-	-	1,261	23,602	24,905
01741R102	ATI ORD	-	-	627	9,664	18,722
13872106	ALCOA ORD	-	-	1,201	18,818	54,609
24665A103	DELEK US HOLDINGS ORD	-	-	504	9,103	13,608
79546E104	SALLY BEAUTY HOLDINGS ORD	-	-	1,450	20,060	18,154
489170100	KENNAMETAL ORD	-	-	1,290	35,104	31,037
92343X100	VERINT SYSTEMS ORD	-	-	392	7,301	14,222
36211Q109	G1 THERAPEUTICS ORD	-	-	1,281	21,160	6,956
92346J108	VERICEL ORD	-	-	600	24,504	15,804
09058V103	BIOCRIST PHARMACEUTICALS ORD	-	-	2,120	25,222	24,338
268158201	DYNAVAX TECHNOLOGIES ORD	-	-	1,812	19,096	19,280
405024100	HAEMONETICS ORD	-	-	350	22,488	27,528
09627Y109	BLUEPRINT MEDICINES ORD	-	-	368	25,502	16,122
92337F107	VERACYTE ORD	-	-	838	24,791	19,886
12740C103	CADENCE BANK ORD	-	-	573	13,534	14,130
69047Q102	OVINTIV ORD	-	-	254	10,313	12,880
76156B107	REVOLVE GROUP CL A ORD	-	-	946	42,670	21,058
29404K106	ENVESTNET ORD	-	-	261	17,950	16,104
29109X106	ASPEN TECHNOLOGY ORD	-	-	83	15,346	17,131
00847X104	AGIOS PHARMACEUTICALS ORD	-	-	430	9,559	12,074
78667J108	SAGE THERAPEUTICS ORD	-	-	260	8,953	9,916
90184D100	TWIST BIOSCIENCE ORD	-	-	432	17,766	10,286
364760108	GAP ORD	-	-	2,685	39,207	30,287
655664100	NORDSTROM ORD	-	-	1,172	28,279	18,916
235825205	DANA INCORPORATED ORD	-	-	1,114	19,128	16,855
G0084W101	ADIANT ORD	-	-	540	21,051	18,733
554382101	MACERICH REIT ORD	-	-	1,534	17,810	17,273
42704L104	HERC HOLDINGS ORD	-	-	234	29,450	30,787
393657101	GREENBRIER ORD	-	-	372	13,739	12,473
29977A105	EVERCORE CL A ORD	-	-	124	13,127	13,526
48123V102	ZIFF DAVIS ORD	-	-	192	14,363	15,187
320817109	FIRST MERCHANTS ORD	-	-	409	17,802	16,814
898402102	TRUSTMARK ORD	-	-	478	17,322	16,687
87724P106	TAYLOR MORRISON HOME ORD	-	-	592	17,060	17,967
90984P303	UNITED COMMUNITY BANKS ORD	-	-	469	17,775	15,852
91704F104	URBAN EDGE PROPERTIES ORD	-	-	1,084	16,309	15,274
05368V106	AVIENT ORD	-	-	468	16,188	15,800
379378201	GLOBAL NET LEASE ORD	-	-	1,205	16,407	15,147
82981J109	SITE CENTERS ORD	-	-	1,213	16,366	16,570
02553E106	AMERICAN EAGLE OUTFITTERS ORD	-	-	834	13,171	11,643
45378A106	INDEPENDENCE REALTY ORD	-	-	929	16,697	15,663
529043101	LXP INDUSTRIAL ORD	-	-	1,541	16,335	15,441
G9059U107	TRINSEO ORD	-	-	571	13,400	12,967
29275Y102	ENERSYS ORD	-	-	212	16,398	15,654
896818101	TRIUMPH GROUP ORD	-	-	1,348	15,857	14,181
G48833118	WEATHERFORD INTERNATIONAL ORD	-	-	467	13,543	23,780
919794107	VALLEY NATIONAL ORD	-	-	1,936	16,560	21,896
89417E109	TRAVELERS COMPANIES ORD	-	-	912	114,261	170,991
759351604	REINSURANCE GROUP OF AMER ORD	-	-	487	54,664	69,198
665859104	NORTHERN TRUST ORD	-	-	1,924	171,104	170,255
83175M205	SMITH NEPHEW ADR REP 2 ORD	-	-	7,158	249,773	192,479
89214P109	TOWNE BANK ORD	-	-	924	23,650	28,496
784305104	SIJW GROUP ORD	-	-	1,170	74,663	94,992
294628102	EQUITY COMMONWEALTH REIT ORD	-	-	3,430	101,868	85,647
128246105	CALAVO GROWERS ORD	-	-	910	48,171	26,754
42550U109	HENKEL AND ORD	-	-	5,344	101,488	85,907
24906P109	DENTSPLY SIRONA ORD	-	-	7,999	303,125	254,688
60510V108	MISSION PRODUCE ORD	-	-	1,598	20,619	18,569
130788102	CALIFORNIA WATER SERVICE GROUP ORD	-	-	604	32,027	36,627
624758108	MUELLER WATER PRODUCTS SER A ORD	-	-	8,560	103,892	92,106
128030202	CAL MAINE FOODS ORD	-	-	348	13,883	18,949
950755108	WERNER ENTERPRISES ORD	-	-	456	18,565	18,359
44930G107	ICU MEDICAL ORD	-	-	563	106,945	88,661
07724U103	BEIERSDORF A G UNSPONSORED GERMA ADR	-	-	2,615	54,909	59,836
32095101	AMPHENOL CL A ORD	-	-	1,040	71,466	79,186

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
05379B107	AVISTA ORD	-	-	1,112	\$ 47,433	\$ 49,306
494368103	KIMBERLY CLARK ORD	-	-	1,887	243,857	256,160
71813109	BAXTER INTERNATIONAL ORD	-	-	3,620	269,363	184,511
913903100	UNIVERSAL HEALTH SERVICES CL B ORD	-	-	975	123,358	137,368
38336103	APTARGROUP ORD	-	-	605	68,201	66,538
453836108	INDEPENDENT BANK ORD	-	-	324	26,635	27,355
7800105	AEROJET ROCKETDYNE HOLDINGS ORD	-	-	1,716	78,835	95,976
189054109	CLOROX ORD	-	-	1,151	162,729	161,520
535555106	LINDSAY ORD	-	-	58	7,225	9,445
384109104	GRACO ORD	-	-	558	36,409	37,531
88579Y101	3M ORD	-	-	2,219	326,408	266,102
736508847	PORTLAND GENERAL ELECTRIC ORD	-	-	983	46,799	48,167
30420103	AMERICAN WATER WORKS ORD	-	-	277	40,052	42,220
42250P103	HEALTHPEAK PROPERTIES ORD	-	-	1,621	40,657	40,638
499180107	KNORR BREMSE ADR	-	-	5,479	74,364	74,614
29670G102	ESSENTIAL UTILITIES ORD	-	-	215	11,111	10,262
91311E102	UNITED UTILITIES GROUP ADR	-	-	349	8,903	8,324
42226K105	HEALTHCARE REALTY TRUST CL A ORD	-	-	6,796	178,275	130,959
H1467J104	CHUBB ORD	-	-	339	61,121	74,783
708326202	PENNON GROUP ADR	-	-	368	9,278	7,866
26614N102	DUPONT DE NEMOURS ORD	-	-	359	23,500	24,638
278865100	ECOLAB ORD	-	-	300	46,592	43,668
98956P102	ZIMMER BIOMET HOLDINGS ORD	-	-	111	13,403	14,153
00130H105	THE AES CORPORATION	-	-	524	13,228	15,070
00766T100	AECOM ORD	-	-	193	13,491	16,391
37833100	APPLE ORD	-	-	3,593	491,998	466,838
32654105	ANALOG DEVICES ORD	-	-	48	7,546	7,873
03073E105	AMERISOURCEBERGEN ORD	-	-	54	7,260	8,948
03027X100	AMERICAN TOWER REIT	-	-	45	11,980	9,534
26874784	AMERICAN INTERNATIONAL GROUP ORD	-	-	386	18,066	24,411
25816109	AMERICAN EXPRESS ORD	-	-	93	13,445	13,741
25537101	AMERICAN ELECTRIC POWER ORD	-	-	143	12,355	13,578
02376R102	AMERICAN AIRLINES GROUP ORD	-	-	334	7,969	4,248
23608102	AMEREN ORD	-	-	41	3,322	3,646
G02602103	AMDOCS ORD	-	-	96	7,194	8,726
G0250X107	AMCOR ORD	-	-	1,519	18,053	18,091
02156K103	ALTICE USA CL A ORD	-	-	145	2,710	667
02079K305	ALPHABET CL A ORD	-	-	994	105,760	87,701
02005N100	ALLY FINANCIAL ORD	-	-	147	6,475	3,594
18802108	ALLIANT ENERGY ORD	-	-	49	2,664	2,705
15271109	ALEXANDRIA REAL ESTATE EQ REIT ORD	-	-	17	3,105	2,476
13091103	ALBERTSONS COMPANIES CL A ORD	-	-	39	928	809
11659109	ALASKA AIR GROUP ORD	-	-	42	2,919	1,803
00971T101	AKAMAI TECHNOLOGIES ORD	-	-	47	5,280	3,962
9158106	AIR PRODUCTS AND CHEMICALS ORD	-	-	24	6,593	7,398
00846U101	AGILENT TECHNOLOGIES ORD	-	-	28	3,700	4,190
7903107	ADVANCED MICRO DEVICES ORD	-	-	50	4,696	3,239
00751Y106	ADVANCE AUTO PARTS ORD	-	-	22	4,284	3,235
00724F101	ADOBE ORD	-	-	26	11,148	8,750
00507V109	ACTIVISION BLIZZARD ORD	-	-	170	13,724	13,014
G1151C101	ACCENTURE CL A ORD	-	-	376	120,298	100,332
2824100	ABBOTT LABORATORIES ORD	-	-	163	19,307	17,896
31100100	AMETEK ORD	-	-	19	2,445	2,655
00123Q104	AGNC INVESTMENT REIT ORD	-	-	394	6,440	4,078
46284V101	IRON MOUNTAIN ORD	-	-	391	19,290	19,491
G491BT108	INVESCO ORD	-	-	167	4,300	3,004
46120E602	INTUITIVE SURGICAL ORD	-	-	14	3,314	3,715
461202103	INTUIT ORD	-	-	38	18,839	14,790
459506101	INTERNATIONAL FLAVORS & FRAGRANS ORD	-	-	42	5,649	4,403
45866F104	INTERCONTINENTAL EXCHANGE ORD	-	-	140	16,080	14,363
452327109	ILLUMINA ORD	-	-	10	3,106	2,022
452308109	ILLINOIS TOOL ORD	-	-	278	59,013	61,243
46266C105	IQVIA HOLDINGS ORD	-	-	21	4,159	4,303
448579102	HYATT HOTELS CL A ORD	-	-	16	1,338	1,447
446150104	HUNTINGTON BANCSHARES ORD	-	-	207	3,308	2,919
444859102	HUMANA ORD	-	-	47	19,535	24,073
443201108	HOWMET AEROSPACE ORD	-	-	484	16,933	19,074
440452100	HORMEL FOODS ORD	-	-	124	5,403	5,648
438516106	HONEYWELL INTERNATIONAL ORD	-	-	117	24,860	25,073
437076102	HOME DEPOT ORD	-	-	834	272,610	263,427

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
42809H107	HESS ORD	-	-	23	\$ 1,713	\$ 3,262
427866108	HERSHEY FOODS ORD	-	-	101	17,751	23,389
806407102	HENRY SCHEIN ORD	-	-	84	6,152	6,709
418056107	HASBRO ORD	-	-	28	2,658	1,708
406216101	HALLIBURTON ORD	-	-	121	2,652	4,761
37959E102	GLOBE LIFE ORD	-	-	24	2,369	2,893
37940X102	GLOBAL PAYMENTS ORD	-	-	39	6,060	3,873
37247D106	GENWORTH FINANCIAL CL A ORD	-	-	287	979	1,518
372460105	GENUINE PARTS ORD	-	-	40	4,730	6,940
370334104	GENERAL MILLS ORD	-	-	500	29,900	41,925
369550108	GENERAL DYNAMICS ORD	-	-	50	9,042	12,406
35671D857	FREEPORT MCMORAN ORD	-	-	113	3,734	4,294
79466L302	SALESFORCE ORD	-	-	58	11,259	7,690
98978V103	ZOETIS CL A ORD	-	-	137	26,160	20,077
989701107	ZIONS BANCORPORATION ORD	-	-	44	2,655	2,163
988498101	YUM BRANDS ORD	-	-	390	47,922	49,951
98421M106	XEROX HOLDINGS ORD	-	-	118	2,902	1,723
98389B100	XCEL ENERGY ORD	-	-	89	5,949	6,240
981475106	WORLD FUEL SERVICES ORD	-	-	94	3,013	2,569
G96629103	WILLIS TOWERS WATSON ORD	-	-	44	10,105	10,762
969457100	WILLIAMS ORD	-	-	221	5,282	7,271
962166104	WEYERHAEUSER REIT	-	-	159	5,858	4,929
960413102	WESTLAKE ORD	-	-	12	1,099	1,230
929740108	WABTEC ORD	-	-	27	2,354	2,695
959802109	WESTERN UNION ORD	-	-	886	17,625	12,200
958102105	WESTERN DIGITAL ORD	-	-	148	9,652	4,669
95040Q104	WELLTOWER ORD	-	-	80	5,860	5,244
941848103	WATERS ORD	-	-	52	19,507	17,814
94106L109	WASTE MANAGEMENT ORD	-	-	131	18,879	20,551
94106B101	WASTE CONNECTIONS ORD	-	-	53	6,461	7,026
931142103	WALMART ORD	-	-	1,188	167,144	168,447
384802104	WW GRAINGER ORD	-	-	51	20,834	28,369
92939U106	WEC ENERGY GROUP ORD	-	-	50	4,678	4,688
84423102	WR BERKLEY ORD	-	-	36	1,836	2,613
929160109	VULCAN MATERIALS ORD	-	-	12	1,997	2,101
929042109	VORNADO REALTY REIT ORD	-	-	62	2,876	1,290
92532F100	VERTEX PHARMACEUTICALS ORD	-	-	13	2,854	3,754
92276F100	VENTAS REIT ORD	-	-	87	4,733	3,919
918204108	VF ORD	-	-	357	23,898	9,857
912909108	US STEEL ORD	-	-	78	1,950	1,954
911363109	UNITED RENTAL ORD	-	-	12	3,981	4,265
25278X109	DIAMONDBACK ENERGY ORD	-	-	6	487	821
244199105	DEERE ORD	-	-	27	10,047	11,577
237194105	DARDEN RESTAURANTS ORD	-	-	109	15,934	15,078
235851102	DANAHER ORD	-	-	98	28,177	26,011
23331A109	D R HORTON ORD	-	-	77	6,506	6,864
22822V101	CROWN CASTLE ORD	-	-	83	15,054	11,258
222070203	COTY CL A ORD	-	-	91	816	779
22160K105	COSTCO WHOLESALE ORD	-	-	142	60,171	64,823
22052L104	CORTEVA ORD	-	-	444	20,224	26,098
219350105	CORNING ORD	-	-	1,474	56,644	47,080
209115104	CONSOLIDATED EDISON ORD	-	-	86	6,443	8,197
200340107	COMERICA ORD	-	-	47	3,372	3,142
194162103	COLGATE PALMOLIVE ORD	-	-	890	68,370	70,123
192446102	COGNIZANT TECHNOLOGY SOLUTN CL A ORD	-	-	129	10,016	7,378
191216100	COCA-COLA ORD	-	-	4,303	234,960	273,714
172908105	CINTAS ORD	-	-	38	14,724	17,162
172062101	CINCINNATI FINANCIAL ORD	-	-	29	3,020	2,969
171340102	CHURCH AND DWIGHT ORD	-	-	247	20,867	19,911
169656105	CHIPOTLE MEXICAN GRILL ORD	-	-	4	7,126	5,550
166764100	CHEVRON ORD	-	-	426	45,050	76,463
808513105	CHARLES SCHWAB ORD	-	-	105	7,163	8,742
15189T107	CENTERPOINT ENERGY ORD	-	-	133	3,012	3,989
15135B101	CENTENE ORD	-	-	133	9,060	10,907
149123101	CATERPILLAR ORD	-	-	372	74,162	89,116
911312106	UNITED PARCEL SERVICE CL B ORD	-	-	535	100,280	93,004
907818108	UNION PACIFIC ORD	-	-	800	162,154	165,656
90353T100	UBER TECHNOLOGIES ORD	-	-	104	4,155	2,572
912008109	US FOODS ORD	-	-	77	2,914	2,620
902973304	US BANCORP ORD	-	-	400	21,460	17,444

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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89832Q109	TRUIST FINANCIAL ORD	-	-	259	\$ 14,983	\$ 11,145
H8817H100	TRANSOCEAN ORD	-	-	636	2,315	2,900
893641100	TRANSDIGM GROUP ORD	-	-	15	9,286	9,445
892356106	TRACTOR SUPPLY ORD	-	-	41	8,035	9,224
883556102	THERMO FISHER SCIENTIFIC ORD	-	-	26	12,342	14,318
882508104	TEXAS INSTRUMENTS ORD	-	-	759	144,364	125,402
88160R101	TESLA ORD	-	-	16	5,110	1,971
87612G101	TARGA RESOURCES ORD	-	-	39	1,252	2,867
876030107	TAPESTRY ORD	-	-	61	2,503	2,323
872540109	TJX ORD	-	-	160	10,611	12,736
872590104	T MOBILE US ORD	-	-	144	18,829	20,160
74144T108	T ROWE PRICE GROUP ORD	-	-	340	64,590	37,080
871829107	SYSCO ORD	-	-	723	55,732	55,273
871607107	SYNOPSYS ORD	-	-	9	2,994	2,874
863667101	STRYKER ORD	-	-	30	7,333	7,335
858119100	STEEL DYNAMICS ORD	-	-	47	2,396	4,592
854502101	STANLEY BLACK AND DECKER ORD	-	-	36	5,547	2,704
848574109	SPIRIT AEROSYSTEMS HLDGS A ORD	-	-	58	2,876	1,717
844741108	SOUTHWEST AIRLINES ORD	-	-	45	2,759	1,515
842587107	SOUTHERN ORD	-	-	214	13,417	15,282
83088M102	SKYWORKS SOLUTIONS ORD	-	-	197	31,541	17,953
82968B103	SIRIUS XM HOLDINGS ORD	-	-	44	276	257
824348106	SHERWIN WILLIAMS ORD	-	-	72	18,430	17,088
816851109	SEMPRA ORD	-	-	50	6,584	7,727
806857108	SCHLUMBERGER ORD	-	-	287	8,065	15,343
78409V104	S&P GLOBAL ORD	-	-	106	44,703	35,504
14448C104	CARRIER GLOBAL ORD	-	-	607	27,384	25,039
143658300	CARNIVAL ORD	-	-	582	12,751	4,691
142339100	CARLISLE COMPANIES ORD	-	-	10	1,930	2,357
143130102	CARMAX ORD	-	-	28	3,453	1,705
G1890L107	CAPRI HOLDINGS LTD.	-	-	46	2,271	2,637
134429109	CAMPBELL SOUP ORD	-	-	131	5,776	7,434
127387108	CADENCE DESIGN SYSTEMS ORD	-	-	15	2,659	2,410
126408103	CSX ORD	-	-	2,206	67,305	68,342
126117100	CNA FINANCIAL ORD	-	-	17	779	719
125896100	CMS ENERGY ORD	-	-	56	3,417	3,546
12572Q105	CME GROUP CL A ORD	-	-	93	18,047	15,639
12541W209	CH ROBINSON WORLDWIDE ORD	-	-	323	29,292	29,574
125269100	CF INDUSTRIES HOLDINGS ORD	-	-	28	1,285	2,386
12514G108	CDW ORD	-	-	118	22,102	21,072
12504L109	CBRE GROUP CL A ORD	-	-	38	3,042	2,924
G16962105	BUNGE ORD	-	-	226	17,644	22,548
11135F101	BROADCOM ORD	-	-	182	91,243	101,762
101137107	BOSTON SCIENTIFIC ORD	-	-	111	4,335	5,136
101121101	BOSTON PROPERTIES REIT ORD	-	-	23	2,398	1,554
99724106	BORGWARNER ORD	-	-	95	4,254	3,824
09857L108	BOOKING HOLDINGS ORD	-	-	42	95,670	84,642
97023105	BOEING ORD	-	-	143	34,756	27,240
09260D107	BLACKSTONE ORD	-	-	318	38,180	23,592
09247X101	BLACKROCK ORD	-	-	19	13,878	13,464
84670702	BERKSHIRE HATHAWAY CL B ORD	-	-	350	91,429	108,115
75896100	BED BATH AND BEYOND ORD	-	-	120	3,470	301
05722G100	BAKER HUGHES CL A ORD	-	-	283	6,150	8,357
53807103	AVNET ORD	-	-	59	2,479	2,453
05351W103	AVANGRID ORD	-	-	21	1,055	903
53484101	AVALONBAY COMMUNITIES REIT ORD	-	-	17	3,177	2,746
53015103	AUTOMATIC DATA PROCESSING ORD	-	-	290	58,328	69,269
05329W102	AUTONATION ORD	-	-	21	1,933	2,253
363576109	ARTHUR J GALLAGHER ORD	-	-	46	6,489	8,673
03852U106	ARAMARK ORD	-	-	62	2,372	2,563
354613101	FRANKLIN RESOURCES ORD	-	-	154	4,645	4,063
34959J108	FORTIVE ORD	-	-	35	2,482	2,249
343412102	FLUOR ORD	-	-	87	2,000	3,015
Y2573F102	FLEX ORD	-	-	134	2,459	2,876
337738108	FISERV ORD	-	-	56	6,575	5,660
337932107	FIRSTENERGY ORD	-	-	137	4,700	5,746
31620M106	FIDELITY NATIONAL INFORMATN SVCS ORD	-	-	112	12,724	7,599
31620R303	FIDELITY NATIONAL FINANCIAL ORD	-	-	59	2,436	2,220
311900104	FASTENAL ORD	-	-	429	22,059	20,300
315616102	F5 ORD	-	-	11	2,322	1,579

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
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FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
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302130109	EXPEDITORS INTERNATIONAL OF WASN ORD	-	-	124	\$ 14,752	\$ 12,886
30212P303	EXPEDIA GROUP ORD	-	-	24	4,222	2,102
30040W108	EVERSOURCE ENERGY ORD	-	-	65	5,621	5,450
30034W106	EVERGY ORD	-	-	80	4,794	5,034
518439104	ESTEE LAUDER CL A ORD	-	-	19	5,499	4,714
297178105	ESSEX PROPERTY REIT ORD	-	-	7	1,935	1,483
29476L107	EQUITY RESIDENTIAL REIT ORD	-	-	52	3,771	3,068
29452E101	EQUITABLE HOLDINGS ORD	-	-	96	3,169	2,755
29444U700	EQUINIX REIT ORD	-	-	15	11,504	9,825
29364G103	ENTERGY ORD	-	-	43	4,321	4,838
291011104	EMERSON ELECTRIC ORD	-	-	603	56,215	57,924
532457108	ELI LILLY ORD	-	-	477	117,213	174,506
285512109	ELECTRONIC ARTS ORD	-	-	110	14,455	13,440
28176E108	EDWARDS LIFESCIENCES ORD	-	-	21	2,355	1,567
281020107	EDISON INTERNATIONAL ORD	-	-	95	5,597	6,044
G29183103	EATON ORD	-	-	78	10,880	12,242
26875P101	EOG RESOURCES ORD	-	-	69	5,198	8,937
26441C204	DUKE ENERGY ORD	-	-	177	17,098	18,229
260557103	DOW ORD	-	-	167	10,310	8,415
260003108	DOVER ORD	-	-	19	2,621	2,573
25746U109	DOMINION ENERGY ORD	-	-	1,132	84,508	69,414
256746108	DOLLAR TREE ORD	-	-	97	9,406	13,720
256677105	DOLLAR GENERAL ORD	-	-	180	39,137	44,325
253868103	DIGITAL REALTY REIT ORD	-	-	56	7,769	5,615
253393102	DICKS SPORTING ORD	-	-	19	1,506	2,286
68902V107	OTIS WORLDWIDE ORD	-	-	242	19,495	18,951
681919106	OMNICOM GROUP ORD	-	-	370	26,598	30,181
680223104	OLD REPUBLIC INTERNATIONAL ORD	-	-	88	1,927	2,125
674599105	OCCIDENTAL PETROLEUM ORD	-	-	139	3,806	8,756
682680103	ONEOK ORD	-	-	84	4,313	5,519
682189105	ON SEMICONDUCTOR ORD	-	-	36	2,155	2,245
67103H107	O REILLY AUTOMOTIVE ORD	-	-	86	52,440	72,587
670346105	NUCOR ORD	-	-	61	4,873	8,040
G66721104	NORWEGIAN CRUISE LINE HOLDINGS ORD	-	-	28	776	343
668771108	GEN DIGITAL ORD	-	-	1,000	24,859	21,430
666807102	NORTHROP GRUMMAN ORD	-	-	119	42,067	64,928
655844108	NORFOLK SOUTHERN ORD	-	-	43	11,550	10,596
65473P105	NISOURCE ORD	-	-	79	1,902	2,166
65339F101	NEXTERA ENERGY ORD	-	-	190	14,635	15,884
65249B109	NEWS CL A ORD	-	-	122	3,179	2,220
651639106	NEWMONT ORD	-	-	262	15,273	12,366
651229106	NEWELL BRANDS ORD	-	-	85	2,300	1,112
64828T201	RITHM CAPITAL ORD	-	-	1,550	14,926	12,664
64110D104	NETAPP ORD	-	-	174	14,639	10,450
63938C108	NAVIENT ORD	-	-	343	5,618	5,642
631103108	NASDAQ ORD	-	-	72	4,530	4,417
67066G104	NVIDIA ORD	-	-	54	7,865	7,892
62955J103	NOV ORD	-	-	126	1,788	2,632
654106103	NIKE CL B ORD	-	-	413	60,127	48,325
620076307	MOTOROLA SOLUTIONS ORD	-	-	105	24,376	27,060
61945C103	MOSAIC ORD	-	-	65	2,032	2,852
615369105	MOODYS ORD	-	-	22	7,715	6,130
61174X109	MONSTER BEVERAGE ORD	-	-	240	21,922	24,367
609207105	MONDELEZ INTERNATIONAL CL A ORD	-	-	687	41,641	45,789
608190104	MOHAWK INDUSTRIES ORD	-	-	23	3,741	2,351
59522J103	MID AMERICA APT COMMUNITI REIT ORD	-	-	13	1,906	2,041
595112103	MICRON TECHNOLOGY ORD	-	-	243	20,728	12,145
595017104	MICROCHIP TECHNOLOGY ORD	-	-	46	3,684	3,232
580135101	MCDONALD'S ORD	-	-	708	169,260	186,579
57636Q104	MASTERCARD CL A ORD	-	-	271	92,327	94,235
574599106	MASCO ORD	-	-	275	15,588	12,834
V7780T103	ROYAL CARIBBEAN GROUP ORD	-	-	56	4,854	2,768
778296103	ROSS STORES ORD	-	-	44	5,025	5,107
776696106	ROPER TECHNOLOGIES ORD	-	-	12	4,783	5,185
773903109	ROCKWELL AUTOMAT ORD	-	-	14	3,688	3,606
770323103	ROBERT HALF INT ORD	-	-	212	20,780	15,652
760759100	REPUBLIC SERVICES ORD	-	-	74	8,544	9,545
75886F107	REGENERON PHARMACEUTICALS ORD	-	-	85	56,079	61,327
756109104	REALTY INCOME REIT ORD	-	-	49	3,010	3,108
75513E101	RAYTHEON TECHNOLOGIES ORD	-	-	221	17,566	22,303

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
751212101	RALPH LAUREN CL A ORD	-	-	16	\$ 1,919	\$ 1,691
74915M100	QURATE RETAIL SRS A ORD	-	-	1,138	11,909	1,855
74834L100	QUEST DIAGNOSTICS ORD	-	-	76	10,898	11,889
74762E102	QUANTA SERVICES ORD	-	-	27	2,408	3,848
74460D109	PUBLIC STORAGE REIT ORD	-	-	107	33,422	29,980
744573106	PUBLIC SERVICE ENTERPRISE GROUP ORD	-	-	189	11,627	11,580
74340W103	PROLOGIS REIT	-	-	77	8,874	8,680
743315103	PROGRESSIVE ORD	-	-	229	21,934	29,704
742718109	PROCTER & GAMBLE ORD	-	-	1,432	201,997	217,034
74251V102	PRINCIPAL FINANCIAL GROUP ORD	-	-	76	4,625	6,378
723787107	PIONEER NATURAL RESOURCE ORD	-	-	16	2,634	3,654
723484101	PINNACLE WEST ORD	-	-	37	3,027	2,813
72147K108	PILGRIMS PRIDE ORD	-	-	24	586	570
713448108	PEPSICO ORD	-	-	1,652	253,569	298,450
704326107	PAYCHEX ORD	-	-	245	26,673	28,312
70450Y103	PAYPAL HOLDINGS ORD	-	-	120	16,153	8,546
701094104	PARKER HANNIFIN ORD	-	-	17	5,376	4,947
700517105	PARK HOTELS RESORTS ORD	-	-	112	2,444	1,320
695156109	PACKAGING CORP OF AMERICA ORD	-	-	23	3,147	2,942
693656100	PVH ORD	-	-	28	2,827	1,977
69351T106	PPL ORD	-	-	224	6,458	6,545
693506107	PPG INDUSTRIES ORD	-	-	278	39,728	34,956
693475105	PNC FINANCIAL SERVICES GROUP ORD	-	-	104	18,294	16,426
69331C108	PG&E ORD	-	-	277	3,576	4,504
69318G106	PBF ENERGY CL A ORD	-	-	73	1,138	2,977
693718108	PACCAR ORD	-	-	77	7,086	7,621
690742101	OWENS CORNING ORD	-	-	26	2,439	2,218
573284106	MARTIN MARIETTA MATERIALS ORD	-	-	7	2,337	2,366
571748102	MARSH & MCLENNAN ORD	-	-	291	44,273	48,155
570535104	MARKEL ORD	-	-	2	2,314	2,635
56418H100	MANPOWERGROUP ORD	-	-	31	3,140	2,580
55616P104	MACYS ORD	-	-	203	3,191	4,192
55261F104	M&T BANK ORD	-	-	40	6,127	5,802
550241103	LUMEN TECHNOLOGIES ORD	-	-	955	10,620	4,985
548661107	LOWE'S COMPANIES ORD	-	-	813	167,952	161,982
540424108	LOEWS ORD	-	-	63	3,292	3,675
539830109	LOCKHEED MARTIN ORD	-	-	335	118,834	162,974
G5494J103	LINDE ORD	-	-	61	17,131	19,897
531229607	LIBRTY MEDIA LRTY SIRIUSXM SRS C ORD	-	-	101	4,600	3,952
G5480U120	LIBERTY GLOBAL CL C ORD	-	-	432	11,677	8,394
525327102	LEIDOS HOLDINGS ORD	-	-	81	7,853	8,520
50540R409	LABORATORY CORPRTN OF AMER HLDGS ORD	-	-	22	5,723	5,181
501889208	LKQ ORD	-	-	49	2,105	2,617
502431109	L3HARRIS TECHNOLOGIES ORD	-	-	95	20,693	19,780
49456B101	KINDER MORGAN CL P ORD	-	-	608	10,239	10,993
487836108	KELLOGG ORD	-	-	383	24,189	27,285
482480100	KLA ORD	-	-	79	28,167	29,785
48203R104	JUNIPER NETWORKS ORD	-	-	429	12,005	13,711
48020Q107	JONES LANG LASALLE ORD	-	-	12	2,214	1,912
G51502105	JOHNSON CONTROLS INTERNATIONAL ORD	-	-	140	8,443	8,960
478160104	JOHNSON & JOHNSON ORD	-	-	1,603	264,539	283,170
477143101	JETBLUE AIRWAYS ORD	-	-	158	3,218	1,024
47233W109	JEFFERIES FINANCIAL GROUP ORD	-	-	59	1,793	2,023
466313103	JABIL ORD	-	-	48	2,543	3,274
46625H100	JPMORGAN CHASE ORD	-	-	841	122,422	112,778
445658107	JB HUNT TRANSPORT SERVICES ORD	-	-	64	10,879	11,159
573874104	MARVELL TECHNOLOGY ORD	-	-	62	2,543	2,296
233331107	DTE ENERGY ORD	-	-	35	3,962	4,114
23345M107	DT MIDSTREAM ORD	-	-	9	357	497
36262G101	GXO LOGISTICS ORD	-	-	5	267	213
70830104	BATH AND BODY WORKS ORD	-	-	293	18,590	12,347
926400102	VICTORIA S SECRET ORD	-	-	9	320	322
18581108	BREAD FINANCIAL HOLDINGS ORD	-	-	263	19,565	9,905
54911Q107	LOYALTY VENTURES ORD	-	-	9	516	22
50155Q100	KYNDRYL HOLDINGS ORD	-	-	149	2,372	1,657
68629Y103	ORION OFFICE REIT ORD	-	-	7	149	60
30161N101	EXELON ORD	-	-	228	7,044	9,856
US98888T1079	ZIMVIE ORD	-	-	3	143	28
75887109	BECTON DICKINSON ORD	-	-	92	22,750	23,396
US29082K1051	EMBECTA ORD	-	-	11	348	278

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
48251W104	KKR AND CO ORD	-	-	48	\$ 2,220	\$ 2,228
339041105	FLEETCOR TECHNOLOGIES ORD	-	-	29	5,328	5,327
889478103	TOLL BROTHERS ORD	-	-	46	2,133	2,296
62944T105	NVR ORD	-	-	1	3,701	4,613
H84989104	TE CONNECTIVITY ORD	-	-	49	5,775	5,625
46982L108	JACOBS SOLUTIONS ORD	-	-	25	3,249	3,002
679580100	OLD DOMINION FREIGHT LINE ORD	-	-	5	1,321	1,419
983793100	XPO ORD	-	-	14	656	466
74982T103	RXO ORD	-	-	14	404	241
30190A104	F&G ANNUITIES AND LIFE ORD	-	-	5	97	100
34964C106	FORTUNE BRANDS INNOVATIONS ORD	-	-	22	1,864	1,256
57638P104	MASTERBRAND ORD	-	-	22	274	166
640491106	NEOGEN ORD	-	-	20	536	298
				<u>432,408</u>	<u>25,304,017</u>	<u>26,107,371</u>
COLLECTIVE TRUSTS:						
999508583DMBA	CF DAILY VALUED OPEN END FUND	-	-	2,208	4,262,603	3,509,686
				<u>2,208</u>	<u>4,262,603</u>	<u>3,509,686</u>
REGISTERED INVESTMENT COMPANIES:						
04314H402	ARTISAN:INTERNATL INST	-	-	159,374	4,286,178	3,829,761
24610J209	DELAWARE HI YLD OPP R6	-	-	346,857	1,382,772	1,134,223
23320G471	DFA WLD EX US VAL I	-	-	493,035	5,608,935	5,487,484
233203819	DFA US SMALL CAP VAL I	-	-	37,849	1,207,545	1,487,102
35908Y708	FRONTIER MFG GL EQ INS	-	-	265,721	3,835,626	2,439,156
362008245	GMO QUALITY IV	-	-	208,894	4,941,460	4,831,729
317609352	GRANDEUR ITL OPP INST	-	-	1,050,332	3,598,217	3,392,571
4812C0159	JPMORGAN:MTGE SECS R6	-	-	1,234,817	14,011,728	12,274,076
00170K745	AMG TIMESSQUAREMCG Z	-	-	207,272	3,928,997	2,862,423
89155T524	TOUCHSTONE:SEL GRO INST	-	-	300,702	3,950,141	2,859,671
922908868	VANGUARD GRO IDX INST	-	-	55,314	6,467,475	6,069,010
922031877	VANGUARD SH-TM INV INST	-	-	696,375	7,547,208	6,928,929
922031810	VANGUARD INT-TM INV ADM	-	-	54,166	514,696	450,662
381430503	GOLDMAN:AB US LG CAP EQ	-	-	103,677	4,677,395	7,892,930
922908819	VANGUARD SC G ID INS	-	-	18,040	1,154,354	1,018,533
54401E622	LORD ABBETT SH DUR R6	-	-	3,652,525	15,045,771	13,989,169
91936153	BLACKROCK:IS TUS SM K	-	-	260,272	3,511,829	4,606,817
922040209	VANGUARD INSTL INDX INSP	-	-	2,586	691,048	831,556
922908108	VANGUARD 500 IDX INV	-	-	453	161,000	160,601
92913L569	VOYA:INTMDT BD R6	-	-	110,835	1,146,377	947,638
54401E432	LORD ABBETT UL SHT BD R6	-	-	5,038,582	50,547,198	49,478,879
552746356	MFS INTL GROWTH R6	-	-	52,828	1,948,784	1,902,873
46641U564	JPMORGAN:US VALUE R6	-	-	93,861	4,912,364	6,511,133
92189F437	VANECK:FA HIGH YLD BOND	-	-	71,257	2,194,669	1,925,364
92189F486	VANECK:IG FLOATING RATE	-	-	435,023	11,048,190	10,823,372
92646A815	VICTORY:SM CO OPP I	-	-	45,014	2,344,624	2,087,750
921939203	VANGUARD INTL VAL INV	-	-	162,567	6,840,390	5,810,147
921909818	VANGUARD TOT I S ADM	-	-	3,839	129,190	106,955
IE00BGC82301	SH INVT GRD EM DBT M USD ACC	-	-	51,664	5,000,000	4,544,327
IE00BDFM1316	STONEHARBOR INVGREMORDT MUSDAC	-	-	35,000	3,500,000	3,307,851
				<u>15,248,729</u>	<u>176,134,160</u>	<u>169,992,692</u>
REAL ESTATE:						
HARRICRED	HARRISON STREET CORE PROPERTY FUND	-	-	3,390	4,149,338	5,497,065
LIONITRED	LION INDUSTRIAL TRUST PROPERTIES	-	-	2,880	4,870,967	11,868,578
MORGSPRED	MORGAN STANLEY PRIME PROPERTY FUND	-	-	336	4,794,582	7,527,210
PRISLPRED	PRISA LP DHC	-	-	833	733,801	1,909,447
SENHOSRED	SENIOR HOUSING PARTNERS V	-	-	1,293,422	1,293,422	1,704,512
RREEF2RED	RREEF AMERICA REIT II	-	-	16,600	2,062,496	2,610,411
UBSTRURED	UBS TRUMBULL PROPERTY FUND DHC	-	-	103	834,537	1,158,627
USAAEARED	USAA EAGLE PRM/DHC RE	-	-	713,150	713,150	1,618,258
TAFDIURED	THE REALTY ASSOCIATES FUND XI	-	-	372,655	372,655	629,255
				<u>2,403,369</u>	<u>19,824,948</u>	<u>34,523,363</u>

(Continued)



# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

EMPLOYER ID NO: 87-00440163  
PLAN NO: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2022

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including:			(d) Cost	(e) Current Value
		Coupon rate	Maturity Date	Par or Shares		
LIMITED PARTNERSHIPS:						
CERLL2DAD	CERBERUS OFFSHORE LEVERAGED LOAN FD II	-	-	1	\$ 1	\$ 395,471
LEVNE4FID	LEVINE LEICHTMAN CAPITAL PARTNERS IV FI	-	-	1,125,996	1,125,996	362,500
LEVNE5FID	LEVINE LEICHTMAN CAPITAL PARTNERS V	-	-	647,291	647,291	1,006,787
PAPE3CFID	PA PRIVATE EQUITY FUND III, CLASS C	-	-	103,185	103,185	93,004
CERLL3DAD	CERBERUS OFFSHORE LEVERAGE LOAN FD III	-	-	492,338	492,338	698,128
GOLDP4NID	GOLDPOINT IV NIGD	-	-	1,926,266	1,926,266	1,881,994
DISCMCCMD	DISCIPLINED MICROCAP EQUITY	-	-	90,688	911,114	1,246,617
JPMCBGEMO	JPMCB GLOBAL EM	-	-	274,950	5,664,634	5,204,810
CERLIVDAD	Cerberus	-	-	1,308,183	1,308,183	1,338,608
CHRBK2NID	CHARLESBK OPP II	-	-	1,119,284	1,119,284	1,133,377
VISCR3PED	VISTA CREDIT PARTNERS III	-	-	1,027,163	1,027,163	1,085,580
ANGEL4NGD	ANGELO GORDON IV LP	-	-	1,688,931	1,688,931	1,762,753
SHENKTNID	SHENKMAN TACTICAL CF	-	-	1,452,371	1,452,371	1,539,902
MONCAPNID	MONROE CAPITAL FEEDER FD IV	-	-	1,703,198	1,703,198	1,704,010
HERZFENG	HCM Cayman Feeder Ltd	-	-	6,000,000	6,000,000	6,146,360
SEVARKEMD	Seven Canyons	-	-	1,500,000	1,500,000	1,317,370
				20,459,845	26,669,954	26,917,271
103-12 INVESTMENT ENTITIES:						
PACIBLCMD	PACIFIC BANK LOAN CO-MINGLED FUND	-	-	1,660,535	1,892,432	2,252,464
FIERAOPLD	FIERA INTL EQUITY LONG LP	-	-	1,473,352	1,500,000	1,667,109
MONDRILPD	MONDRIAN INTERNATIONAL EQUITY FUND, L.P.	-	-	593,256	5,932,556	5,581,408
				3,727,143	9,324,989	9,500,981
OTHER:						
427098116	HERCULES TRUST II	-	-	85	-	5,199
FWEURUSD030723-B-EUR	FWD 03/07/2023 at 1.05687 EUR/USD	-	3/7/2023	(30,000)	(31,706)	(32,250)
FWEURUSD030723-B-USD	FWD 03/07/2023 at 1.05687 EUR/USD	-	3/7/2023	31,706	31,706	31,706
92511U110	VERRA MOBILITY EQ WARRANT	-	-	4,700	16,259	17,061
387432115	EXECUTIVE NETWORK PARTNERING CORPORATION	-	-	14,670	15,614	16,871
13781Y111	CANO HEALTH EQ WARRANT	-	-	7,500	3,073	1,650
ESH3C-4220-DMBA	CALL MAR 23 EMINI S&P 500 OPTION 4220.0 AMER STYLE	-	-	1	3,765	1,263
SCG3C-4050-DMBA	CALL FEB 23 .MM EOM M S&P OPTION 4050.0 EURO STYLE	-	-	1	2,778	2,488
3EG3C-4230-DMBA	CALL FEB 23 CME MINIS&PW3 OPTION 4230.0 EURO STYLE	-	-	1	3,571	498
				28,664	45,060	44,486
COLLATERAL HELD UNDER SECURITIES LENDING AGREEMENTS:						
-	Cash*	-	-	\$ 914,248	\$ 914,248	\$ 914,248

\* The cash included in this supplemental schedule is restricted and held as collateral under a securities lending arrangement.

See accompanying independent auditor's report.

(Concluded)

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-0440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS AS OF DECEMBER 31, 2022

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity In Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	Number of Transactions	(f) Expense Incurred With Transaction*	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS									
None.									
SERIES IN SAME SECURITY									
The Vanguard Group, Inc.	Short-Term Investment Fund	\$ -	\$26,311,000	\$ -	8	\$ -	\$28,088,436	\$26,311,000	\$(1,777,436)
The Vanguard Group, Inc.	Short-Term Investment Fund	477,522	-	-	26	-	477,522	477,522	-

\* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the Trustee.