

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1965</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1965</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1965</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.</u> <u>200 ABRAHAM FLEXNER WAY</u> <u>LOUISVILLE, KY 40202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>61-1029768</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>502-562-7050</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>61-1029768</u>	2c Plan Sponsor's telephone number <u>502-562-7050</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>61-1029768</u>					
2c Plan Sponsor's telephone number <u>502-562-7050</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	TROY LINDON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor COMMONSPIRIT HEALTH 3900 OLYMPIC BOULEVARD SUITE 400 ERLANGER, KY 41018-1099		3b Administrator's EIN 47-0617373 3c Administrator's telephone number 859-594-3267
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 4722
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6a(1) 1979 6a(2) 188 6b 369 6c 3727 6d 4284 6e 146 6f 4430 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

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

A Name of plan <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>61-1029768</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2019</u>	
2 Assets:	
a Market value	2a <u>141370890</u>
b Actuarial value	2b <u>148219136</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>437</u> (2) Vested Funding Target <u>24329352</u> (3) Total Funding Target <u>24329352</u>
b For terminated vested participants.....	<u>2306</u> <u>52406316</u> <u>52406316</u>
c For active participants	<u>1979</u> <u>54834146</u> <u>56048002</u>
d Total.....	<u>4722</u> <u>131569814</u> <u>132783670</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>5.26 %</u>
6 Target normal cost.....	6 <u>1578000</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	<u>10/09/2020</u>
<u>JUDY M KRUSE</u>	Date
Type or print name of actuary	<u>20-05907</u>
<u>WILLIS TOWERS WATSON US LLC</u>	Most recent enrollment number
Firm name	<u>312-525-2500</u>
<u>233 SOUTH WACKER DRIVE</u> <u>SUITE 1800</u> <u>CHICAGO, IL 60606</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2019
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>-3.84</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		12116769
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.40</u> %		654306
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		12771075
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	111.62 %
15 Adjusted funding target attainment percentage	15	111.62 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	106.33 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
3.74 %2nd segment:
5.35 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

60

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....☐

Yes

☒

No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....☐

Yes

☒

No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....☒

Yes

☐

No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years.....**28**

0

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

0

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

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6).....**31a**

1578000

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

1578000

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			0
40 Unpaid minimum required contributions for all years			0

35 Balances elected for use to offset funding requirement

0

0

0

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

0

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

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

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

0

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

0

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

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.	D Employer Identification Number (EIN) 61-1029768	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

FIDELITY

04-3275867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	470926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	72044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLSINELLI

43-3275867

(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	NONE	8384	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

COMMONSPIRIT HEALTH

47-0617373

(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?
35 50	EMPLOYEES	5033	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

a Name:	b EIN:
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Explanation:

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d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2019 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>61-1029768</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CHI GROWTH POOL</u>		
b Name of sponsor of entity listed in (a): <u>COMMONSPIRIT HEALTH</u>		
c EIN-PN <u>80-0000385-002</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>69248811</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CHI INFLATION HEDGING POOL</u>		
b Name of sponsor of entity listed in (a): <u>COMMONSPIRIT HEALTH</u>		
c EIN-PN <u>80-0000385-003</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13444080</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CHI LONG DURATION POOL</u>		
b Name of sponsor of entity listed in (a): <u>COMMONSPIRIT HEALTH</u>		
c EIN-PN <u>80-0000385-004</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12118876</u>
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)**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)**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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2019 This Form is Open to Public Inspection
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.	D Employer Identification Number (EIN) 61-1029768	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	327749	9853001
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	13250000	0
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	13324	50105
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	805	0
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	121171205	94811767
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7086732	41482435
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	141849815	146197308

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	141849815	146197308
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	153297	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		153297
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		19140563
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		19293861

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14007460	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		14007460
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)	85269	
(2) Contract administrator fees	2i(2)	470926	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	382713	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		938908
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14946368

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4347493
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 Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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.)

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
4d		X	
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4241436. (See instructions.)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>61-1029768</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3275867</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>316</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2019
v. 190130

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>69.3</u> % Investment-Grade Debt: <u>8.9</u> % High-Yield Debt: <u>4.1</u> % Real Estate: <u>7.3</u> % Other: <u>10.4</u> %</p> <p>b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more</p> <p>c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):</p>
20	<p>PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No</p> <p>b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____</p>

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Jewish Hospital & St. Mary's HealthCare Pension Plan
Years Ended December 31, 2019 and 2018
With Report of Independent Auditors

Ernst & Young LLP



Jewish Hospital & St. Mary’s HealthCare Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2019 and 2018

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Report of Independent Auditors

The Plan Administrator
Jewish Hospital & St. Mary's HealthCare Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Jewish Hospital & St. Mary's HealthCare Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for our audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2019 and 2018, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2019, and reportable transactions for the year then ended 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 the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 9, 2020

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2019	2018
Assets		
Non-interest-bearing cash	\$ 9,853,001	\$ 327,749
Investments, at fair value:		
Plan interest in CHI Master Trust	94,811,767	121,171,205
Short-term money market funds	41,482,435	7,087,537
Total investments, at fair value	136,294,202	128,258,742
Receivables:		
Employer contributions	—	13,250,000
Interest and dividends	50,105	13,324
Total receivables	50,105	13,263,324
Net assets available for benefits	<u>\$ 146,197,308</u>	<u>\$ 141,849,815</u>

See accompanying notes.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2019	2018
Additions		
Investment income (loss):		
Interest and dividends	\$ 153,298	\$ 86,550
Net investment gain (loss) from plan interest in CHI Master Trust	19,140,563	(5,446,010)
Total investment income (loss)	19,293,861	(5,359,460)
Employer contributions	—	13,250,000
Total additions, net of investment loss	19,293,861	7,890,540
Deductions		
Benefits paid to participants	14,007,460	13,587,634
Administrative expenses	938,908	1,188,303
Total deductions	14,946,368	14,775,937
Net increase (decrease)	4,347,493	(6,885,397)
Net assets available for benefits at:		
Beginning of year	141,849,815	148,735,212
End of year	<u>\$ 146,197,308</u>	<u>\$ 141,849,815</u>

See accompanying notes.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2019

1. Description of the Plan

The following description of the Jewish Hospital & St. Mary's HealthCare Pension Plan (the Plan) provides only general information. Additional information about vesting and benefit provisions and the benefit guarantee of the Pension Benefit Guaranty Corporation (PBGC) is contained in the Plan Document and Summary Plan Description, which are available from the plan administrator.

General

The Plan is a noncontributory cash balance retirement plan covering substantially all employees of Jewish Hospital & St. Mary's HealthCare, Inc. (Sponsor) and certain affiliated companies and provides for retirement, death, and disability benefits. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). In December 2009, the Plan was amended to freeze various plan provisions, including average monthly compensation, pay credits, credited service, and eligibility and membership in the Plan as of December 31, 2009.

At its November 2019 meeting, the CommonSpirit Health Human Resources and Compensation Committee of the Board of Stewardship Trustees approved the Charter for the CommonSpirit Health Retirement Plan Sub-Committee (the Sub-committee) delegating plan administrative oversight to the Sub-committee. The Sub-committee has overall responsibility for the operation and administration of the Plan. After the merger of Catholic Health Initiatives (CHI) with Dignity Health in February 2019, the CommonSpirit Health Investment Committee was created, which directly reports to the CommonSpirit Health Finance Committee. The CommonSpirit Health Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Effective June 1, 2012, the Plan began participating in the Catholic Health Initiatives Master Trust (CHI Master Trust). On that date, The Bank of New York Mellon (BNY Mellon) became the Plan's trustee.

Contributions

A hypothetical account is maintained for each participant whose contributions are credited for the benefit of the individual. Contributions to the Plan are recorded based on amounts actually received from or committed to be paid by the Sponsor. The Sponsor's present intention is to satisfy minimum funding requirements and avoid the PBGC 4010 filing. The Plan has met the minimum funding requirements established by the federal government.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Pension Benefits

Employees with five or more years of credited service are entitled to retirement benefits beginning at the normal retirement age of 65. The Plan permits early retirement at ages 55 through 64 or later.

Vesting

Eligible employees who terminate employment after December 31, 2007, are fully vested upon completion of three years of vesting service. Eligible employees who terminated employment on or before December 31, 2007, were fully vested upon completion of five years of vesting service.

On December 30, 2016, the Plan was amended such that the accrued benefits of all active participants became 100% vested and nonforfeitable.

Plan Termination

Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been presented on the accrual basis of accounting.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation and Fair Value Measurements

The Plan's investments, including those investments held in the CHI Master Trust, are stated at estimated fair value in accordance with Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*. The guidance provides a consistent definition of fair value that focuses on an exit price, which is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 prioritizes, with respect to the measurement of fair value, the use of market-based information over entity-specific information and establishes a three-level hierarchy for fair value measurements based on the nature of inputs used in the valuation of an asset or a liability as of the reporting date.

The three-level hierarchy for fair value measurements is as follows:

- Level 1 – Fair value is based on inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the CHI Master Trust has the ability to access at the measurement date. Investments whose values are based on quoted market prices in active markets, and are therefore classified by the Plan and CHI Master Trust within Level 1, generally include actively traded equities, government bonds, mutual funds, and exchange-traded funds. The CHI Master Trust does not adjust the quoted price for such investments, even in situations where the CHI Master Trust holds a large position and a sale could reasonably impact the quoted price.
- Level 2 – Fair value is based on inputs, other than Level 1, that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability through corroboration with observable market data. Investments that trade in less-liquid public markets or derive market value through corroboration with observable market data (e.g., fixed-income securities) are classified by the CHI Master Trust in Level 2 of the fair value hierarchy. The fair value of Level 2 instruments was determined through evaluated bid prices based on recent trading activity and other relevant information, including market

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

interest rate curves and referenced credit spreads. Estimated prepayment rates, where applicable, are used for valuation purposes and provided by third-party services where quoted market values are not available. Common collective trust funds that have a published price are considered to have a readily determinable fair value. Level 2 instruments include fixed-income funds, corporate bonds, and asset-backed securities.

- Level 3 – Fair value is based on inputs to the valuation methodology that are unobservable and significant to the fair value measurement. The CHI Master Trust's Level 3 investments consist of term loans. The valuation of these investments requires significant judgment due to the absence of quoted market values, inherent lack of liquidity, changes in market conditions, and the long-term nature of such investments. Because these investments are not publicly traded, market quotations are generally not available to be used for valuation purposes. Accordingly, the CHI Master Trust's valuations of these investments are generally equal to or based upon the fair value of these investments as of the reporting date, as reported by fund managers.

In situations where inputs used to determine fair value fall into different levels of the fair value hierarchy, the level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement in its entirety.

The fair value of the CHI Master Trust's alternative investments is not publicly traded and readily available market quotations are generally not available to be used for valuation purposes. Accordingly, the CHI Master Trust's valuations of alternative investments are measured at the net asset value (NAV) practical expedient as of the reporting date, as reported by fund managers, and are excluded from the three-level hierarchy for fair value measurements in accordance with ASC Topic 820.

While CommonSpirit Health believes that its valuation methods are appropriate and consistent with those used by other market participants, the use of different methodologies or assumptions to estimate the fair value of Level 3 investments could result in a different estimate of fair value at the reporting date. Those fair value estimates and alternative investments measured at NAV may differ significantly from the values that would have been determined had a readily available market for such investments existed, or had such investments been liquidated or sold to external investors, and these differences could be material to the financial statements.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

For additional information on the fair value measurements of the investment securities within the CHI Master Trust fair value measurements, see Note 6.

Income Recognition

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

Administrative Expenses

Administrative expenses may be paid by the Sponsor or the Plan, at the Sponsor's discretion.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retirees or terminated employees or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present employees and their beneficiaries. Benefits are based on the cash balance accounts. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

3. Accumulated Plan Benefits

An actuary from Willis Towers Watson estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information as of December 31, 2018, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants and beneficiaries receiving benefits	\$ 21,144,654
Other participants	93,365,189
	<u>114,509,843</u>

Non-vested benefits	703,768
	<u>\$ 115,213,611</u>

The change in actuarial present value of accumulated plan benefits is attributable to the following:

Actuarial present value of accumulated plan benefits at

January 1, 2018 \$ 119,823,426

Increase (decrease) during the year attributable to:

Assumption changes	(937,154)
Actuarial losses	1,994,857
Decrease in discount rate	7,920,116
Benefits paid	<u>(13,587,634)</u>

Net decrease (4,609,815)

Actuarial present value of accumulated plan benefits at

December 31, 2018 \$ 115,213,611

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The significant actuarial assumptions underlying the actuarial computations at December 31, 2018 and 2017, are as follows:

Mortality basis

Separate rates for non-annuitants based on the Pri-2012 employees table without collar or amount adjustments and annuitants based on the Pri-2012 combined nondisabled annuitants table without collar or amount adjustments projected using modified version of the MP-2019 generational improvement scale converging to a long-term rate of improvement of 0.75% by 2035 at December 31, 2018.

Separate rates for non-annuitants based on the RP-2014 employees table without collar or amount adjustments and annuitants based on the RP-2014 healthy annuitants table without collar or amount adjustments, with the post-2006 projection removed and projected using the MP-2018 generational scale converging to a long-term rate of improvement of 0.75% by 2034 at December 31, 2017.

Retirement age assumption

Age	Rate
55	15.0%
56-58	10.0
59-60	15.0
61	10.0
62-64	20.0
65	50.0
66-69	30.0
70	100.0

Sample ages for greater than three years of service

Withdrawal assumption

Age	2019 and 2018 Rate
25	22.5%
30	25.0
35	17.5
40	15.0
45	12.5
50	10.0
55	7.5

Assumed rate of return

Year	Rate
2018	7.05%
2017	7.00

Cash balance rate

Year	Rate
2018-2026	3.8%
2027-2031	4.0
2032+	4.5

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

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

4. Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy as described in Note 2, the Plan's assets carried at fair value:

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 41,482,435	\$ —	\$ —	\$ 41,482,435

	December 31, 2018			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 7,087,537	\$ —	\$ —	\$ 7,087,537

5. Investments

All investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedules, including investments held at December 31, 2019 and 2018, net investment gain (loss) from plan interest in the CHI Master Trust, and interest and dividend income for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by BNY Mellon, the trustee.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust

Certain of the Plan's investments are held in the CHI Master Trust, which was established for the investment of assets of the Plan and several other CHI-sponsored retirement plans. Prior to March 1, 2018, each participating plan had an undivided interest in the CHI Master Trust. The CHI Master Trust assets were allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that could be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the CHI Master Trust, income and expenses resulting from the collective investment of the assets of the CHI Master Trust.

During fiscal year 2016–2017, an asset liability study was prepared for the CHI Master Trust. The first phase of the study validated that the overall asset allocation of 45% equities, 35% fixed income, and 0% alternatives for the CHI Master Trust was appropriate for the obligations of the plans that participate in the CHI Master Trust. The second phase of the asset liability study focused on reviewing the obligations of each pension plan in the CHI Master Trust and developing an appropriate asset allocation and glide path for each pension plan. A glide path typically represents the de-risking of the asset allocation over time as a plan's funded status improves. As a result of the second phase of the study, the CHI Master Trust was restructured from a one investment pool structure to a three-pool structure (growth, inflation hedging, and long duration). Details of these three pools are as follows:

Growth pool – The growth pool seeks asset growth through capital appreciation and income reinvestment. Underlying investments of this pool consist of public and private equity, real assets, real estate, hedge funds, and bank loans.

Inflation hedging pool – The inflation hedging pool seeks to meet or exceed the inflation portion of the interest crediting rate. Asset classes within this pool consist of core plus fixed income, TIPS, and other inflation hedging strategies.

Long duration pool – The long duration pool seeks to match duration of liabilities through the use of long duration fixed income. Asset classes within this pool consist of long duration fixed-income investments and other liability hedging strategies.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

Due to this restructuring, the participating plans in the CHI Master Trust have a divided interest. Ownership units of the three new pools are based on type of plan and funded status. The tables below present the investment allocation strategies under the new pool structure.

Cash balance plan					
Funded status	<80%	80%	90%	95%	100%
Growth	80	72	70	60	50
Inflation hedging	11	15	17	27	37
Long duration	9	13	13	13	13
Traditional plan					
Funded status	<70%	70%	80%	90%	100%
Growth	80	75	60	40	20
Inflation hedging	—	—	—	—	—
Long duration	20	25	40	60	80

The following tables present the net assets of the CHI Master Trust and the Plan's interest in the CHI Master Trust:

	December 31, 2019	
	Master Trust Balances	Plan's Interest in Master Trust Balances
	<i>(Dollars in Thousands)</i>	
Assets		
Investments in securities:		
Short-term investments	\$ 97,918	\$ 2,535
Common stocks	1,534,915	40,142
Mutual funds and exchange-traded funds	83,272	2,178
Fixed-income funds	220,900	6,702
Preferred stocks	4,422	121
Corporate bonds	325,386	7,668
Asset-backed securities	43,718	1,319
Government bonds	367,201	8,853
Foreign government bonds	36,439	931
Term loans	194,036	5,075
Hedge funds	289,668	7,576
Real estate funds	339,983	8,891
Venture capital/private equity funds	113,204	2,961
Cash	624	15
Receivable for securities sold	9,065	253
Foreign currency exchange contracts	43,164	1,203
Other receivables	10,075	249
Total assets	3,713,990	96,672
Liabilities		
Payable for securities purchased	24,274	650
Foreign currency exchange contracts	43,289	1,206
Other liabilities	145	4
Total liabilities	67,708	1,860
Net assets	\$ 3,646,282	\$ 94,812

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

	December 31, 2018	
	Master Trust	Plan's Interest
	Balances	in Master Trust
		Balances
	<i>(Dollars in Thousands)</i>	
Assets		
Investments in securities:		
Short-term investments	\$ 68,207	\$ 2,422
Common stocks	1,380,824	48,110
Mutual funds and exchange-traded funds	87,307	3,042
Fixed-income funds	228,805	9,412
Preferred stocks	6,407	237
Corporate bonds	315,068	10,622
Asset-backed securities	32,810	1,342
Government bonds	378,189	13,035
Foreign government bonds	32,515	1,187
Term loans	185,164	6,451
Hedge funds	283,513	9,878
Real estate funds	330,275	11,507
Venture capital/private equity funds	124,645	4,343
Receivable for securities sold	12,965	446
Foreign currency exchange contracts	46,569	1,714
Other receivables	11,816	404
Total assets	3,525,079	124,152
Liabilities		
Payable for securities purchased	33,209	1,163
Foreign currency exchange contracts	46,797	1,723
Other liabilities	2,721	95
Total liabilities	82,727	2,981
Net assets	\$ 3,442,352	\$ 121,171

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

The following table presents the changes in net assets for the CHI Master Trust:

	Year Ended December 31	
	2019	2018
	<i>(Dollars in Thousands)</i>	
Net appreciation (depreciation) in fair value of investments	\$ 488,545	\$ (235,734)
Interest income	45,181	46,282
Dividend income	41,701	39,939
Total investment income (loss)	575,427	(149,513)
Investment manager and custody fees	11,750	12,592
Total expenses	11,750	12,592
Net transfers (contributions and benefit payments for the participating plans)	(359,747)	(212,645)
Net increase (decrease)	203,930	(374,750)
Net assets:		
Beginning of year	3,442,352	3,817,102
End of year	\$ 3,646,282	\$ 3,442,352

Alternative Investment Strategies

The goal of the alternative investments' allocation is to enhance the diversification profile of the CHI Master Trust. Exposure to hedge funds is derived through investments in fund of funds and deploy strategies such as relative value, event driven, and long/short. Real estate exposure is primarily derived through open-end funds that invest in core commercial properties within the United States. Venture capital/private equity exposure is primarily derived through investments in fund of funds that pursue a variety of strategies.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

Alternative Investment Redemptions

The CHI Master Trust's ability to sell certain alternative investments is limited, and redemptions may not be allowed. In these circumstances, the general partners of the alternative investments control the timing of underlying investment realizations and the timing of related distributions. Redemptions are generally permitted for certain alternative investments, primarily hedge fund investments, quarterly with at least 95 days' prior written notice.

Alternative Investment Commitments

The CHI Master Trust's allocation to alternative investments is based upon contractual commitment levels to various funds. These commitments are drawn by the fund managers as opportunities arise to invest the capital. As of December 31, 2019, the CHI Master Trust had committed to invest \$421 million in 27 funds, of which \$408 million had been invested. The remaining \$13 million will be invested when, and if, requested by the funds.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy as described in Note 2, the CHI Master Trust's assets carried at fair value:

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
	<i>(Dollars in Thousands)</i>			
Assets				
Short-term investments	\$ 94,497	\$ 3,421	\$ —	\$ 97,918
Common stocks	1,534,915	—	—	1,534,915
Mutual funds and exchange-traded funds	83,272	—	—	83,272
Fixed-income funds	—	220,900	—	220,900
Preferred stocks	2,863	1,559	—	4,422
Corporate bonds	—	325,386	—	325,386
Asset-backed securities	—	43,718	—	43,718
Government bonds	336,178	31,023	—	367,201
Foreign government bonds	—	36,439	—	36,439
Term loans	—	—	194,036	194,036
	<u>\$ 2,051,725</u>	<u>\$ 662,446</u>	<u>\$ 194,036</u>	<u>2,908,207</u>
Investments measured at net asset value:				
Hedge funds				289,668
Real estate				339,983
Venture capital/private equity funds				<u>113,204</u>
Total investments at fair value				<u>\$ 3,651,062</u>
Receivables				
Foreign currency exchange contracts	\$ —	\$ 43,164	\$ —	\$ 43,164
Liabilities				
Foreign currency exchange contracts	\$ —	\$ 43,289	\$ —	\$ 43,289

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

	December 31, 2018			
	Level 1	Level 2	Level 3	Total
	<i>(Dollars in Thousands)</i>			
Assets				
Short-term investments	\$ 61,017	\$ 7,190	\$ —	\$ 68,207
Common stocks	1,380,824	—	—	1,380,824
Mutual funds and exchange-traded funds	87,307	—	—	87,307
Fixed-income funds	—	228,805	—	228,805
Preferred stocks	3,964	2,443	—	6,407
Corporate bonds	—	315,068	—	315,068
Asset-backed securities	—	32,810	—	32,810
Government bonds	333,981	44,208	—	378,189
Foreign government bonds	—	32,515	—	32,515
Term loans	—	—	185,164	185,164
	<u>\$ 1,867,093</u>	<u>\$ 663,039</u>	<u>\$ 185,164</u>	<u>2,715,296</u>
Investments measured at net asset value:				
Hedge funds				283,513
Real estate				330,275
Venture capital/private equity funds				<u>124,645</u>
Total investments at fair value				<u>\$ 3,453,729</u>
Receivables				
Foreign currency exchange contracts	<u>\$ —</u>	<u>\$ 46,569</u>	<u>\$ —</u>	<u>\$ 46,569</u>
Liabilities				
Foreign currency exchange contracts	<u>\$ —</u>	<u>\$ 46,797</u>	<u>\$ —</u>	<u>\$ 46,797</u>

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

The table below sets forth a summary of changes in the fair value of the CHI Master Trust's Level 3 assets.

	<u>Term Loans</u> <i>(Dollars in Thousands)</i>
Investments at fair value at January 1, 2018	\$ 180,099
Purchases/contributions of investments	68,652
Sales/distributions of investments	(54,659)
Net change in unrealized appreciation on investments and effect of foreign currency translation	(7,821)
Net realized losses on investments	(1,107)
Investments at fair value at December 31, 2018	<u>185,164</u>
Purchases/contributions of investments	95,354
Sales/distributions of investments	(89,889)
Net change in unrealized appreciation on investments and effect of foreign currency translation	4,996
Net realized losses on investments	(1,589)
Investments at fair value at December 31, 2019	<u>\$ 194,036</u>

Derivatives

The CHI Master Trust invests in derivative financial instruments primarily to adjust portfolio risk and asset class exposures. The CHI Master Trust only utilizes derivative instruments that have well-understood risk/return patterns, documented market liquidity, and a recognized pricing mechanism. Investment in such instruments is limited to the extent that the instruments are fully collateralized to avoid any leverage from such positions. Individual investment manager guidelines may further restrict the use of derivatives within the portfolio.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

The following tables summarize the CHI Master Trust's derivative instruments as of December 31:

	Derivative Assets Fair Value	Derivative Liabilities Fair Value
	<i>(Dollars in Thousands)</i>	
2019		
Foreign currency exchange contracts	<u>\$ 43,164</u>	<u>\$ 43,289</u>
2018		
Foreign currency exchange contracts	<u>\$ 46,569</u>	<u>\$ 46,797</u>

Concentration of Market, Credit, and Industry Risk

The CHI Master Trust's investments in alternative investments are illiquid, non-publicly traded securities. The underlying investments of these alternative investments are subject to various risk factors, including market, credit, and industry risk. Market risk represents the potential loss in value of financial instruments caused by movements in market variables, such as interest rates. Other risks affecting these underlying investments include, but are not limited to, increasing competition, rapid changes in technology, and changes in economic conditions. These risk factors could have a material effect on the ultimate realizable value of the CHI Master Trust's alternative investments.

7. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated November 3, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

7. Income Tax Status (continued)

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

8. Related-Party and Party-in-Interest Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

9. Risks and Uncertainties

The Plan and CHI Master Trust invest in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

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

10. Subsequent Events

Management has evaluated subsequent events for the Plan through October 9, 2020, the date the accompanying financial statements were available to be issued.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

10. Subsequent Events (continued)

On March 11, 2020, the World Health Organization classified an outbreak of the novel strain of coronavirus (COVID-19) a global pandemic, which has adversely impacted the global economy and disrupted the financial markets. As a result, the Plan's investments have incurred a decline in fair value since December 31, 2019. Because the value of the Plan's investments has fluctuated and will fluctuate in response to changing market conditions, the amount of losses, if any, that will be recognized in subsequent periods cannot be determined.

Effective May 1, 2020, the Plan and CHI Master Trust changed the trustee and custodian function from BNY Mellon to The Northern Trust Company.

Supplemental Schedules

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768: Plan #003

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

December 31, 2019

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
*The Bank of New York Mellon	Dreyfus Government Securities Fund	\$ 41,482,435	\$ 41,482,435
		<u>\$ 41,482,435</u>	<u>\$ 41,482,435</u>

* Party in interest

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768: Plan #003

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2019

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain (Loss)
Category (i) – A single transaction in excess of 5% of the fair value of plan assets					
The Bank of New York Mellon:					
Dreyfus Institutional Govt Securities	\$ 37,000,532	\$ –	\$ 37,000,532	\$ 37,000,532	\$ –
Dreyfus Institutional Govt Securities	3,000,000	–	3,000,000	3,000,000	–
Dreyfus Institutional Govt Securities	2,999,811	–	2,999,811	2,999,811	–
Dreyfus Institutional Govt Securities	–	2,499,890	2,499,890	2,499,890	–
Dreyfus Institutional Govt Securities	–	1,400,000	1,400,000	1,400,000	–
Dreyfus Institutional Govt Securities	–	1,050,000	1,050,000	1,050,000	–
Category (iii) – A series of transactions in excess of 5% of the fair value of plan assets					
The Bank of New York Mellon:					
Dreyfus Institutional Govt Securities	\$ 45,667,009	\$ –	\$ 45,667,009	\$ 45,667,009	\$ –
Dreyfus Institutional Govt Securities	–	11,271,306	11,271,306	11,271,306	–

There were no category (ii) or (iv) reportable transactions during 2019.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2019

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	2	0	0	0	0	0	0	0	0	2
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	86	1	0	0	0	0	0	0	0	87
	-	2,806	-	-	-	-	-	-	-	-	2,849
35-39	0	144	52	3	0	0	0	0	0	0	199
	-	5,168	12,264	-	-	-	-	-	-	-	7,184
40-44	4	143	58	27	4	0	0	0	0	0	236
	-	8,080	17,141	26,108	-	-	-	-	-	-	12,590
45-49	1	160	56	67	33	0	0	0	0	0	317
	-	10,823	18,437	29,343	36,076	-	-	-	-	-	18,629
50-54	0	126	64	41	44	22	1	0	0	0	298
	-	15,440	23,980	35,179	49,816	63,301	-	-	-	-	28,511
55-59	1	161	55	29	46	31	38	7	0	0	368
	-	16,809	22,401	39,520	63,503	77,141	85,351	-	-	-	39,017
60-64	0	153	41	23	23	25	19	23	2	0	309
	-	22,345	27,371	55,760	78,156	85,315	-	136,410	-	-	48,132
65-69	1	65	15	5	6	5	2	2	5	0	106
	-	25,322	-	-	-	-	-	-	-	-	46,090
70 & over	0	42	7	2	2	2	0	2	0	0	57
	-	39,675	-	-	-	-	-	-	-	-	42,754
Total	7	1,082	349	197	158	85	60	34	7	0	1,979
	-	14,101	20,724	34,941	57,390	78,607	89,754	128,281	-	-	28,034

Census data as of January 1, 2019

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Jewish Hospital & St Mary's Healthcare Pension Plan
 EIN / PN: 61-1029768 / 003
 Plan Sponsor: Jewish Hospital & St. Mary's Healthcare, Inc.
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.74%	2.28%
■ Second segment rate	5.35%	3.81%
■ Third segment rate	6.11%	4.46%
■ Effective interest rate	5.26%	3.83%

Annual rates of increase

- Cash balance interest crediting rate
 - 2019-2026 3.80%
 - 2027-2031 4.00%
 - 2032+ 4.50%
- IRS 417(e)(3) applicable interest rates Funding interest rates reflecting corridors
- 30 year treasury rate
 - 2019-2021 3.00%
 - 2022-2026 3.50%
 - 2027-2031 4.00%
 - 2032+ 4.50%

Plan Name:	Jewish Hospital & St Mary's Healthcare Pension Plan
EIN / PN:	61-1029768 / 003
Plan Sponsor:	Jewish Hospital & St. Mary's Healthcare, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality – Healthy and Disabled Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and the projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2017).

Withdrawal Representative rates varying by age are shown below.

Attained Age	Withdrawal
25	22.5%
30	20.0%
35	17.5%
40	15.0%
45	12.5%
50	10.0%
55	7.5%
60	0.0%
65	0.0%

Disability incidence None assumed.

Retirement

Percentage retiring during the year	
Age	Percentage
55	15%
56-58	10%
59-60	15%
61	10%
62-64	20%
65	50%
66-69	30%
70	100%

417(e)(3) applicable mortality assumption 417(e) applicable mortality for the current year.

Plan Name: Jewish Hospital & St Mary's Healthcare Pension Plan
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Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Benefit Commencement Date:

- Retirement benefit Upon termination of employment
- Deferred vested benefit Deferred vested participants with cash balance only: Age 60
All other deferred vested participants: Age 65

Form of payment

	Immediate Lump Sum	Deferred Lump Sum	Single Life	10 year certain only	50% J&S
Active retirements	50%	0%	32.5%	10%	7.5%
Future vested deferred	15%	85%	0%	0%	0%
Current vested deferred (cash balance only)	0%	100%	0%	0%	0%
Current vested deferred (all others)	0%	75%	16.25%	5%	3.75%

Percent married 80% of eligible male and female participants are assumed to be married.

Spouse age Male spouses are assumed to be 3 years older than female spouses.

Covered pay N/A

Administrative expenses An estimate of current year's expenses excluding PBGC premiums provided by CSH, plus an estimate of the current year's PBGC premiums. For 2019, the administrative expense are assumed to be \$1,578,000.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Plan Name: Jewish Hospital & St Mary's Healthcare Pension Plan
EIN / PN: 61-1029768 / 003
Plan Sponsor: Jewish Hospital & St. Mary's Healthcare, Inc.
Valuation Date January 1, 2019

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets</p>
Benefits not valued	Willis Towers Watson has reviewed the plan provisions with CommonSpirit Health and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name:	Jewish Hospital & St Mary's Healthcare Pension Plan
EIN / PN:	61-1029768 / 003
Plan Sponsor:	Jewish Hospital & St. Mary's Healthcare, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.
- The base mortality table used to calculate the funding target and target normal cost was updated as required by IRC 430. In addition, the projection scale was updated to include one additional year of projected mortality improvement, as required by IRC 430.
- The assumed plan-related expenses added to the target normal cost were changed to better reflect anticipated experience.
- The mortality used for lump sum conversion was updated to the applicable mortality table under 417(e)(3) provided in IRS Notice 2017-60
- The 417(e)(e)(3) interest rates used for lump sum/annuity conversion were updated to the funding interest rates reflecting corridors for the current year.

Data Sources

CommonSpiritHealth, through its third party administrator, furnished participant data as of January 1, 2019. Data were reviewed for reasonableness and consistency, but no audit was performed. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

Missing date of birth

Participants who are missing their date of birth were assigned an average age based on the participant's status. Beneficiaries who are missing their date of birth were assigned the participant's date of birth plus 3 years for male participants and minus 3 years for female participants, when the participant's date of birth was available

Missing sex code

A female sex code is assigned to a participant and a male sex code is assigned to a beneficiary when their sex code is unavailable. For those participants missing their beneficiary's sex code and have a joint and survivor form of payment, the beneficiary is assigned a sex code opposite of the participant's sex code.

Missing benefit amounts

Participants with missing benefit amounts are assigned an average amount (\$250 for beneficiaries, \$220 for deferred original participants, and \$540 for in pay original participants)

Missing Account Balance

These participants were rolled forward at 3.80% using their 2018 amount

Plan Name:	Jewish Hospital & St Mary's Healthcare Pension Plan
EIN / PN:	61-1029768 / 003
Plan Sponsor:	Jewish Hospital & St. Mary's Healthcare, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Interest crediting rate	The plan credits interest to cash balance accounts using an estimate of the annual yield of 30-year Treasury securities, with a minimum rate of 3.80%. A select and ultimate rate best matches future expectations for the plan. Therefore, the rate through 2026 will be 3.8%, the rate from 2027 through 2031 will be 4.0% and the rate in 2032 and beyond will be 4.5%. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.
Annuity to lump sum conversion rate for participants with prior plan (pre-cash balance) benefits	This conversion rate is an estimate of the annual yield of 30-year Treasury securities. A select and ultimate rate best matches future expectations for the plan. Therefore, the rate through 2021 will be 3.0%, the rate from 2022 through 2026 will be 3.5%, the rate from 2027 through 2031 will be 4.0% and the rate in 2032 and beyond will be 4.5%. After examining history variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.
417(e)(3) applicable interest rate	This conversion rate is based on the Annual Applicable Interest Rate. The assumption is equal to the segment rates as noted above under 'Interest rates' since 417(e)(3) assumptions for funding purposes are prescribed by IRC §430 and related regulations.
Plan Related Expenses	Administrative expenses are estimated by determining the expected expense for the coming year

Plan Name:	Jewish Hospital & St Mary's Healthcare Pension Plan
EIN / PN:	61-1029768 / 003
Plan Sponsor:	Jewish Hospital & St. Mary's Healthcare, Inc.
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by withdrawal patterns different than assumed.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Benefit commencement date for deferred benefits	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.
Form of payment	The percentage of retiring participants assumed to take lump sums and annuities is based on expected future behavior.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Jewish Hospital & St Mary's Healthcare Pension Plan
EIN / PN:	61-1029768 / 003
Plan Sponsor:	Jewish Hospital & St. Mary's Healthcare, Inc.
Valuation Date	January 1, 2019

See

Audited Financial Statements

For

Schedule of Reportable Transactions

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

A Name of plan JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.	D Employer Identification Number (EIN) 61-1029768
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2019	
2 Assets:	
a Market value.....	2a 141,370,890
b Actuarial value	2b 148,219,136
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 437 (2) Vested Funding Target 24,329,352 (3) Total Funding Target 24,329,352
b For terminated vested participants	2,306 52,406,316 52,406,316
c For active participants	1,979 54,834,146 56,048,002
d Total	4,722 131,569,814 132,783,670
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 5.26%
6 Target normal cost	6 1,578,000

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

SIGN HERE	Judy M. Kruse 	10/09/2020
Signature of actuary		Date
JUDY M KRUSE		2005907
Type or print name of actuary		Most recent enrollment number
WILLIS TOWERS WATSON US LLC		312-525-2500
Firm name		Telephone number (including area code)
233 SOUTH WACKER DRIVE Suite 1800 CHICAGO IL 60606		
Address of the firm		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 60
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6)	31a	1,578,000										
b Excess assets, if applicable, but not greater than line 31a	31b	1,578,000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	0										
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0										
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0										
40 Unpaid minimum required contributions for all years	40	0										

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Jewish Hospital & St. Mary's Healthcare, Inc.
EIN/PN	61-1029768 / 003
Plan Name	Jewish Hospital & St Mary's Healthcare Pension Plan
Valuation Date	January 1, 2019
Enrolled Actuary	Judy M Kruse
Enrollment Number	20-05907

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2019

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	$_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
<50	0.00	1,000,000	1.000000	0.000000	0.000000
55	0.15	1,000,000	1.000000	0.150000	8.250000
56	0.10	850,000	0.850000	0.085000	4.760000
57	0.10	765,000	0.765000	0.076500	4.360500
58	0.10	688,500	0.688500	0.068850	3.993300
59	0.15	619,650	0.619650	0.092948	5.483903
60	0.15	526,703	0.526703	0.079005	4.740323
61	0.10	447,697	0.447697	0.044770	2.730952
62	0.20	402,927	0.402927	0.080585	4.996300
63	0.20	322,342	0.322342	0.064468	4.061508
64	0.20	257,874	0.257874	0.051575	3.300781
65	0.50	206,299	0.206299	0.103149	6.704712
66	0.30	103,149	0.103149	0.030945	2.042358
67	0.30	72,205	0.072205	0.021661	1.451312
68	0.30	50,543	0.050543	0.015163	1.031082
69	0.30	35,380	0.035380	0.010614	0.732371
70	1.00	24,766	0.024766	0.024766	1.733632

Average age at retirement 60.373035

Rounded for Schedule SB item 22 60

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 Plan Sponsor: Jewish Hospital & St. Mary's Healthcare, Inc.
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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date	The Plan was originally adopted January 1, 1965. It has been amended and restated numerous times. Benefits were frozen as of December 31, 2009. The plan was restated effective January 1, 2014 and most recently amended effective December 30, 2016.
Eligible employee	<p>An Employee employed by a Participating Company, with the following exceptions: union employees (unless the union has bargained participation in the plan), leased employees, non-resident aliens, physicians (who are not common law employees of the Company) and independent contractors.</p> <p>Eligibility for and Participation in the Plan were frozen effective December 31, 2009.</p>
Entry date	June 30 and December 31 coincident with or next following the completion of 1 year of Eligibility or Credited Service.
Participation	Each Eligible Employee who was a Participant on the Effective Date of the restated Plan shall continue as a Participant. Eligibility for and Participation in the Plan were frozen effective December 31, 2009. No employee shall become a Participant after December 31, 2009.

Definitions

Vesting service	<p>All active participants are fully vested as of December 31, 2016.</p> <p>Continuous employment measured from an employee's date of hire to December 31, 1992. For years 1992 - 2016, a year of Vesting Service is defined as a Plan Year in which 1,000 Hours of Service are performed. For years after December 31, 2016, vesting service is elapsed time.</p> <p>Vesting Service completed prior to Breaks-in-Service shall be included if the number of consecutive Breaks-in-Service is less than the greater of (i) five or (ii) the number of Years of Vesting Service prior to the break.</p> <p>Vesting Service includes service with related employers, up to two years of authorized absence, and military service (provided the participant returns to employment).</p> <p>There are special rules for Eligible Employees of certain Participating Companies who joined the Plan after its original inception.</p>
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Credited service

The sum of (a), (b) and (c) below:

(a) Prior to 1976:

Years and months of continuous employment from date of hire to January 1, 1976 rounded to the nearest one-tenth year.

(b) From later of January 1, 1976 or date of hire to December 31, 1992:

Full-time Eligible Employees receive a month of Credited Service for each month from January 1976 to December 1992 in which they were employed by a Participating Company for at least one day.

A part-time employee earns a year of Credited Service for each Plan Year he performs 1,000 Hours of Service

The resulting Credited Service for full-time and part-time employees shall be rounded to the nearest one-tenth year.

(c) For periods after 1992:

Plan Years in which 1,000 Hours of Service are performed.

No Credited Service is granted for periods after 2009.

There are special rules for Eligible Employees of certain Participating Companies who joined the Plan after its original inception.

Average monthly compensation

1/12th of an Eligible Employee's Compensation averaged over a five (5) consecutive calendar year period of employment which produces the highest average. Compensation is base pay, bonuses, deferred compensation under Code Section 125 or 403(b), sales incentives and overtime pay, income imputed to an Employee by reason of his use of a Company-owned or furnished vehicle, and imputed income from life insurance in excess of \$50,000. Compensation shall exclude moving expense reimbursements and long term incentive bonuses. Effective January 1, 2009, Compensation shall also include differential wage payments.

Compensation after 2009 is not included.

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Eligibility for Benefits

Normal retirement	First day of month coincident with or next following 65th birthday.
Early retirement	<p>A Full Early Retirement Date is the first day of any month coincident with or following the Participant's employment severance date but before age 65 if the Participant's benefit is based on his Grandfathered Benefit or a Prior Plan Benefit and the Participant has attained age 55 and 10 years of Vesting Service.</p> <p>A Service Eligible Early Retirement Date is the first day of any month coincident with or following the Participant's employment severance date if the Participant's benefit is based on a Grandfathered Benefit or a Prior Plan Benefit and the Participant has 10 years of Vesting Service but has not yet attained age 55.</p>
Late retirement	After Normal Retirement Date
Termination	3 years of Vesting Service for participants who had an Hour of Service after December 31, 2007; otherwise, 5 years of Vesting Service. A participant is automatically vested upon the earlier of December 31, 2016 or reaching his Normal Retirement Date
Disability	<p>Age 50 with 10 years of Vesting Service and eligible for Social Security disability benefits.</p> <p>No Participant shall become eligible for a Disability Retirement based on a disability that occurs after December 31, 2009.</p>
Preretirement death benefit	Upon death and prior to commencement of benefits.

Benefits Paid Upon the Following Events

Normal retirement	<p>Prior to 1989:</p> <ul style="list-style-type: none">(a) 1.8% of Average Monthly Compensation multiplied by Credited Service to nearest one-tenth year, minus(b) the monthly primary Social Security Benefit times the lesser of i) 50% or ii) 1.8% times Credited Service to the nearest one-tenth year.
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1989 to 1999:

- (a) The December 31, 1988 Accrued Monthly Benefit, plus
- (b) Credited Service after December 31, 1988 (limited to 35 years minus the sum of Service at December 31, 1988 and service with the Visiting Nurse Association) times the sum of (i) 1.65% of Average Monthly Compensation plus (ii) .65% of Average Monthly Compensation in excess of Monthly Covered Compensation.

After 1999:

The greatest of (a), (b) or (c) plus (d)

- (a) The December 31, 1999 Accrued Monthly Benefit (Prior Plan Benefit)
- (b) If a Grandfathered Participant (see below), the Accrued Monthly Benefit determined under the 1989 to 1999 formula based on Credited Service and Average Monthly Compensation as of date of termination. Note that Credited Service and Average Monthly Compensation were frozen as of December 31, 2009. (Grandfathered Benefit)
- (c) The Pay Credit Benefit
- (d) The Match Credit Benefit

After 2009:

Benefit accruals were frozen at December 31, 2009.

Early retirement

For Prior Plan Benefits or Grandfathered Benefits: If the Participant has at least 10 Years of Vesting Service, the Accrued Benefit is reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months that benefits commence prior to Normal Retirement Date. For a Service Eligible Early Retiree who elects a benefit commencement date earlier than age 55, the benefit is further reduced actuarially to reflect all additional months by which his benefit commencement date precedes age 55. Actuarial equivalence is based on the RP-2000 Mortality Table and an interest rate of 7%.

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For Pay Credit and Match Credit Benefits: The Pay Credit and Match Credit Benefits determined at the Benefit Commencement Date are reduced actuarially based on the Applicable Mortality Table (IRC Section 417(e)(3)(B)) and the Investment Credit Percentage then applicable. However, in no case should the Pay Credit Benefit or the Match Credit Benefit be less than the single life annuity benefits determined by converting the account balances at the date of Benefit Commencement using the Applicable Mortality Table and the Annual Applicable Interest Rate then in effect to an immediate single life annuity. The Applicable Mortality Table and Annual Applicable Interest Rates are defined in IRC Section 417(e)(3)(B) and (C) respectively.

Late retirement benefit

For Prior Plan Benefits or Grandfathered Benefits: The benefit that would have been payable at Normal Retirement Date actuarially increased for late commencement, or Normal Retirement Benefit based on Final Average Compensation and Credited Service at Late Retirement Date, whichever is greater. Actuarial Increases are based on the RP 2000 Mortality Table and a 7% interest rate.

For Pay Credit and Match Credit Benefits: Pay Credit or Match Account balances or the actuarially equivalent annuity determined by converting those account balances to a single life annuity using the Applicable Mortality Table and the Annual Applicable Interest Rates in effect at the Late Retirement Date. The Applicable Mortality Table and Annual Applicable Interest Rates are defined in IRC Section 417(e)(3)(B) and (C) respectively.

Vested benefit

A Terminated Vested Participant shall be eligible to receive benefits as of any Benefit Commencement Date following the Participant's employment severance date.

If the participant has less than 10 years of vesting service and the benefit commences before Normal Retirement Date, the benefit will be reduced actuarially.

If the participant has 10 or more years of vesting service and the benefit commences before Normal Retirement Date, the benefit will be reduced by 1/180th for each of the first 60 months and 1/360th for each of the next 60 months that the benefits commence prior to Normal Retirement Date.

For Prior Plan Benefits or Grandfathered Benefits: The benefit is reduced actuarially to reflect all additional months by which his benefit commencement date precedes age 65. Actuarial

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equivalence is based on the RP 2000 Mortality Table and an interest rate of 7%.

For Pay Credit and Match Credit Benefits: The Pay Credit and Match Credit Benefits determined at the Benefit Commencement Date are reduced actuarially based on the Applicable Mortality Table (IRC Section 417(e)(3)(B)) and the Investment Credit Percentage then applicable. However, in no case, should the Pay Credit Benefit or the Match Credit Benefit be less than the single life annuity benefits determined by converting the account balances at the date of the Benefit Commencement using the Applicable Mortality Table and the Annual Applicable Interest Rate then in effect to an immediate single life annuity. The Applicable Mortality Table and Annual Applicable Interest Rates are defined in IRC Section 417(e)(3)(B) and (C) respectively.

Disablement

Certain Eligible Employees who were disabled before January 1, 2010 were entitled to continue to accrue benefits while disabled. However, those benefits were frozen effective December 31, 2009.

No Participant shall become eligible for a disability retirement benefit based on a disability that occurs after December 31, 2009.

Preretirement death benefit

For participants with Pay Credit account and/or Match Credit account benefits only: The account balances are increased with interest credits to the date of death. If at the time of death the participant is not married or has not designated a beneficiary or trust, the account balances are paid to the estate.

For all other participants, the benefit is based on the maximum of:

1. the Pay Credit account balance increased with interest credits to the date of death
2. the December 31, 1999 Prior Plan Benefit annuity
3. the Grandfathered Benefits annuity

plus the Match Credit account balance. If the resulting maximum benefit is based upon the Prior Plan or Grandfathered Benefit, it is payable as a 50% Joint and Survivor Annuity, otherwise the account balance is paid.

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Other Plan Provisions

Normal forms of benefit For a Participant without an Eligible Spouse - Single Life Annuity
For a Participant with an Eligible Spouse – A Qualified Joint and Survivor Annuity (50%)

Optional forms of benefit

- (a) 5, 10, 15 or 20 Year Certain Period and Life Annuity
- (b) 5, 10, 15 or 20 Year Certain Period Only Annuity
- (c) 50%, 66-2/3%, 75%, or 100% Joint and Survivor Annuity
- (d) 66 2/3% Joint and Survivor Annuity with 10 Year Certain Period
- (e) Lump Sum

Lump Sum factors are based on the following:

- (a) If the Participant is a Terminated Vested Participant and to the extent such benefit is based on his Grandfathered or Prior Plan Benefit: (i) The Applicable Mortality Table and the Annual Applicable Interest Rate or (ii) The GATT Factors – whichever factors produce the greater amount.
- (b) If the Participant is a Service Eligible Retiree, a Full Early Retiree or Normal Retiree, and to the extent such benefit is based on his Grandfathered or Prior Plan Benefit:
 - (i) Actuarial Equivalence based on the RP 2000 Mortality Table and a 7% interest rate, (ii) The Applicable Mortality Table and the annual Applicable Interest Rate, or (iii) the GATT Factors – whichever factors produce the greater amount.
- (c) To the extent that such benefit is based on the Participant's Pay Credit or Match Benefit – the Applicable Mortality Table and Annual Applicable Interest Rate but not less than the Pay Credit Account Balance or the Match Benefit Account Balance at Benefit Commencement. The Applicable Mortality Table and Annual Applicable Interest Rates are defined in IRC Section 417(e)(3)(B) and (C) respectively.

For the purposes of this Section the GATT Factors are based on the 30-year Treasury securities rate for the 4th month (September) preceding the Plan Year and the 1994 GA Reserving Table as provided under Revenue Ruling 2001-62.

All other Optional Form of Payment Factors are the Actuarial

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Equivalent based the RP 2000 Mortality Table and a 7% interest rate.

If the Participant is an Early Retiree (either a Full or Service Eligible Early Retiree) then the value of any early retirement subsidy shall be taken into account in converting the Participant's Benefit into any other form of benefit including a lump sum.

Effective January 1, 2017, participants whose lump sum value of their vested accrued benefit does not exceed \$5,000 will have the full value of their benefit automatically cashed out, with no further benefits due thereafter.

Grandfathered participant

As of December 31, 1999, each participant with at least 10 years of vesting service who had either attained age 50 or had 70 or more Points is a Grandfathered Participant.

In addition, each Officer with at least 10 years of Vesting Service and 65 Points, each Senior Vice President, and the CEO of Patti A. Clay Hospital is a Grandfathered Participant.

Points

A participant's Points are the sum of his attained age and years of Vesting Service.

Accrued monthly benefit

Prior to 1989:

Projected normal retirement pension calculated using Average Monthly Compensation at December 31, 1988 and projected Credited Service at Normal Retirement Date, such amount multiplied by a fraction, the numerator of which is Credited Service at date of determination and the denominator of which is projected Credited Service at Normal Retirement Date.

After 1989:

Normal Retirement Benefit calculated using Average Monthly Compensation and Credited Service at date of determination. Average Monthly Compensation and Credited Service were frozen as of December 31, 2009.

Pay credit account

At December 31, 1999, a Pay Credit Account was established for each active participant equal to the lump sum value of the December 31, 1999 Accrued Monthly Benefit using a 7% interest rate and the UP- 84 Mortality Table set back 3 years. The Pay Credit Account increases from year to year by Investment Credits and Pay Credits. No pay credits are earned after

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December 31, 2009. However, the Pay Credit Account continues to receive Investment Credits until a Participant commences his benefit.

Investment Credits

For each quarter, the Investment Credit rate is $(1+i)^{1/4}$, where "i" is the greater of 3.8% and the annual yield of 30-year Treasury securities as published for the second calendar month preceding the first day of the quarter.

Pay Credits prior to 2010

< 40 points	3% of pay
40-50 points	4%
50-60 points	5%
60-70 points	6%
70-80 points	7%
>80 points	8%

Pay credits after 2009

No Pay Credits are earned.

Pay Credit Benefit: The Pay Credit Account balance is projected to Normal Retirement Date using the Investment Credit Percentage applicable at the time the Accrued Monthly Benefit is being determined. It is then converted to a single life annuity using the Annual Applicable Interest Rate and Applicable Mortality Table in effect at that time. The Annual Applicable Interest Rate and the Annual Applicable Mortality Table are defined in IRC Section 417(e)(3)(C) and (B) respectively.

Match credit account after 2008

A Participant's Match Credit Account balance shall not be increased by Match Credits with respect to any Plan Year following 2008. The Match Credit Account also continues to receive Investment Credits.

Match Credit Benefit: The Match Credit Account balance is projected to Normal Retirement Date using the Investment Credit Percentage applicable at the time the Accrued Monthly Benefit is being determined. It is then converted to a single life annuity using the Annual Applicable Interest Rate and Applicable Mortality Table in effect at that time. The Annual Applicable Interest Rate and the Annual Applicable Mortality Table are defined in IRC Section 417(e)(3)(C) and (B) respectively.

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Match Credits prior to 2009

< 10 Years of Service	2%
10-15	3%
15-20	4%
20-25	5%
>25 years	6%

Pension Increases None

Plan participants' contributions None

Maximum limits on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes take effect.

Future Plan Changes

None.

Changes in Benefits Valued Since Prior Year

None.

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See

Audited Financial

Statements

For

Schedule of Assets Held