

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>SOUTHWEST RETIREMENT AND CASH BALANCE 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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1954</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1954</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1954</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>SOUTHWEST COMMUNITY HEALTH SYSTEM</u> <u>18697 BAGLEY ROAD</u> <u>MIDDLEBURG HEIGHTS, OH 44130-3417</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>34-1455141</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>440-816-8028</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1455141</u>	2c Plan Sponsor's telephone number <u>440-816-8028</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-1455141</u>					
2c Plan Sponsor's telephone number <u>440-816-8028</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	DARREL CASTRICONE
	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.

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3a Plan administrator's name and address ☐ Same as Plan Sponsor SOUTHWEST GENERAL HEALTH CENTER 18697 BAGLEY ROAD MIDDLEBURG HEIGHTS, OH 44130	3b Administrator's EIN 34-0753531 3c Administrator's telephone number 440-816-8028
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 2741
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) 1476 6a(2) 1343 6b 272 6c 539 6d 2154 6e 16 6f 2170 6g 6h 3
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 3H 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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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) ☐ 0 **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>SOUTHWEST RETIREMENT AND CASH BALANCE PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHWEST COMMUNITY HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>34-1455141</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>126072126</u>
b Actuarial value	2b <u>131812341</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>709</u> (2) Vested Funding Target <u>51521237</u> (3) Total Funding Target <u>51521237</u>
b For terminated vested participants.....	<u>556</u> <u>20602436</u> <u>20602436</u>
c For active participants	<u>1476</u> <u>64733353</u> <u>65039484</u>
d Total.....	<u>2741</u> <u>136857026</u> <u>137163157</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>5.55</u> %
6 Target normal cost.....	6 <u>1469154</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	
<u>BRETT J. LOGTERMAN</u>	<u>10/06/2020</u>
Signature of actuary	Date
<u>WILLIS TOWERS WATSON US LLC</u>	<u>20-07485</u>
Type or print name of actuary	Most recent enrollment number
<u>1001 LAKESIDE AVENUE</u> <u>SUITE 1500</u> <u>CLEVELAND, OH 44114</u>	<u>216-937-4000</u>
Firm name	Telephone number (including area code)
<u></u>	
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
v. 190130

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>-4.19</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)		6477836
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>5.73</u> %		371180
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		6849016
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	96.09 %
15 Adjusted funding target attainment percentage	15	96.09 %
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	98.71 %
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
02/26/2019	1000000	0			
05/01/2019	225000	0			
12/13/2019	4000000	0			
03/17/2020	1000000	0			
Totals ▶			18(b)	6225000	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	5949365
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
0	0	0
		(4) 4th 0

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**

63

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** 1469154**b** Excess assets, if applicable, but not greater than line 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 5350816 Installment 928710**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** 2397864

	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** 2397864**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 5949365**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 3551501**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 SOUTHWEST RETIREMENT AND CASH BALANCE PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWEST COMMUNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 34-1455141	

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)

ANCORA CAPITAL & MANAGEMENT GROUP L

94-3265385

(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?
28 51	NONE	129917	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON ASSET SERVICING

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 72	NONE	19636	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 SOUTHWEST RETIREMENT AND CASH BALANCE PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWEST COMMUNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 34-1455141	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	7675000	1000000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	222428	202690
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	605285	2276306
(2) U.S. Government securities	1c(2)	25464676	24722382
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	20030359	16932277
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	13053529	13168376
(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)		
(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)	59245901	70792239
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	126297178 129094270
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	9387 2460
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	9387 2460
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	126287791 129091810

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	6225000
	(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)	6225000
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	657996
	(C) Corporate debt instruments	2b(1)(C)	722374
	(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)	1380370
(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)	1513569
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1513569
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	23342393
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20427324
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	2915069
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	3653386
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	3653386

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12135954
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		27823348

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7500669	
(2) To insurance carriers for the provision of benefits	2e(2)	15848948	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		23349617
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	129917	
(4) Other	2i(4)	1539795	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1669712
j Total expenses. Add all expense amounts in column (b) and enter total	2j		25019329

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2804019
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: BDO USA, LLP

(2) EIN: 13-5381590

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.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		5000000
4e	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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 4243555. (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.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan SOUTHWEST RETIREMENT AND CASH BALANCE PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHWEST COMMUNITY HEALTH SYSTEM		D Employer Identification Number (EIN) 34-1455141
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5160382		
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 66
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: <u>65.5</u> % Investment-Grade Debt: <u>32.5</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.0</u> % Other: <u>2.0</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☒ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____



Southwest Retirement and Cash Balance Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2019 and 2018

Southwest Retirement and Cash Balance Plan

Financial Statements and Supplemental Schedules
Years Ended December 31, 2019 and 2018

Southwest Retirement and Cash Balance Plan

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Independent Auditor's Report

To the Participants and Plan Administrator
Southwest Retirement and Cash Balance Plan
Middleburg Heights, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Southwest Retirement and Cash Balance Plan (the 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 accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 of America. 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 an 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 information summarized in Note 6, which was certified by BNY Mellon, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that BNY Mellon held the Plan's investment assets and executed investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2019 and 2018, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of December 31, 2019 and Schedule of Reportable Transactions for the year ended December 31, 2019 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance With DOL'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 information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America 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.

BDO USA, LLP

Cleveland, Ohio
October 14, 2020

Financial Statements

Southwest Retirement and Cash Balance Plan

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2019	2018
Assets		
Investments, at fair value	\$ 127,891,580	\$ 118,399,750
Receivables		
Contributions receivable	1,000,000	7,675,000
Interest and dividends receivable	202,690	222,428
Total receivables	1,202,690	7,897,428
Total assets	129,094,270	126,297,178
Liabilities		
Administrative expenses payable	2,460	9,387
Total liabilities	2,460	9,387
Net assets available for benefits	\$ 129,091,810	\$ 126,287,791

See accompanying notes to financial statements.

Southwest Retirement and Cash Balance Plan

Statements of Changes in Net Assets Available for Benefits

<i>Years Ended December 31,</i>	2019	2018
Additions:		
Investment income (loss):		
Net appreciation/(depreciation) in fair value of investments	\$ 18,704,409	\$ (6,676,859)
Interest and dividends	2,893,939	2,621,602
Total net investment income (loss)	21,598,348	(4,055,257)
Employer contributions	6,225,000	7,675,000
Total additions	27,823,348	3,619,743
Deductions:		
Transfer to annuity plan	15,848,948	-
Benefits paid to participants	7,500,669	6,268,604
Administrative expenses	1,669,712	1,527,394
Total deductions	25,019,329	7,795,998
Net Increase (Decrease)	2,804,019	(4,176,255)
Net Assets Available for Benefits, beginning of year	126,287,791	130,464,046
Net Assets Available for Benefits, end of year	\$ 129,091,810	\$ 126,287,791

See accompanying notes to financial statements.

Southwest Retirement and Cash Balance Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Southwest Retirement and Cash Balance Plan (Plan) provides general information about the Plan's provisions. Southwest Community Health System (System) is the Plan Sponsor. Participants should refer to the Plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan Sponsor.

General

The Plan is a cash balance defined benefit plan that covers all salaried and hourly employees of the System and its wholly-owned participating subsidiaries, except leased employees, certain nonresident aliens, and members of any units covered by a collective bargaining agreement. The Plan provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective December 31, 2015, the Plan was completely frozen.

Eligibility and Vesting

Prior to December 31, 2015, an eligible employee became a participant in the Plan upon completing one year of eligible service and attaining age twenty-one. Participants vest in the Plan after completing three years of credited service or five years of credited service for participants entering the Plan prior to January 1, 2009. No eligibility years or years of service shall be credited on or after January 1, 2016.

Benefits

Effective December 31, 2015, the Plan was amended such that any additional benefit accruals shall cease and benefit accruals as of December 31, 2015 shall be frozen, the compensation credit for all active participants will be 0% regardless of years of service, and employees who are not active as of December 31, 2015 will not be eligible to participate in the Plan for any year beginning on or after January 1, 2016.

Administrative Expenses

Fees for legal, accounting, actuarial, and other services are paid by the System. Administrative and trustee fees for the Plan may be paid out of the Plan's assets, or the System may elect to assume these fees to the extent it chooses. These fees were primarily paid by the Plan for the years ended December 31, 2019 and 2018.

Plan Termination

Although it has not expressed any intention to do so, the System reserves the right to amend or terminate the Plan at any time. In the event the Plan is terminated, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations. In general, upon termination of the Plan, BNY Mellon (the Trustee), after paying all fees and expenses, is to use the funds to (1) provide benefits to those who are receiving benefits or who have been granted benefits; (2) provide all nonforfeitable benefits as defined; and (3) provide all other benefits under the Plan. Any remaining assets will be distributed to the System.

Southwest Retirement and Cash Balance Plan

Notes to Financial Statements

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated Plan benefits and may also depend on the financial condition of the System and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

Purchases of Annuity Contracts

Effective December 17, 2019, the Retirement Plan Investment Subcommittee approved the Plan to permit Plan assets to be used to purchase irrevocable, non-participating, single-premium group buy-out contracts to fund the annuity benefits of certain members and related annuitants. Effective December 17, 2019, the Plan entered into an agreement with Minnesota Life Insurance Company to purchase the annuity contracts of 485 Plan participants. The total amount of Plan assets used to purchase the group annuity contract was \$15,848,948.

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements and supplemental schedules have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded when earned. Dividends are recorded on the ex-dividend date.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits (see Note 4) 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 through the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Prior to January 1, 2009, benefits for retired or terminated employees or their beneficiaries and the accumulated Plan benefits for active employees were based on their average compensation from the highest five consecutive years preceding the termination or valuation date. Final average compensation benefits were frozen at December 31, 2008. From January 1, 2009 to December 31, 2015, benefits were based on cash balance accounts, which were credited on an annual basis with amounts representing both compensation and interest benefits, as defined by the Plan (See also Note 1). 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. Effective December 31, 2015, the Plan was completely frozen.

Southwest Retirement and Cash Balance Plan

Notes to Financial Statements

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

New Accounting Pronouncement

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) 2018-13, *Fair Value Measurements Topic (820), Disclosure Framework - Changes to the Disclosure Requirements for Fair Value Measurement*. ASU 2018-13 eliminates certain disclosures including the disclosure related to transfers between Level 1 and 2 investments, the valuation policies for Level 3 measurements and, for nonpublic entities, the change in the Level 3 investments' unrealized gains and losses included in earnings. This ASU also amends certain disclosures including disclosing purchases, sales, and transfers of Level 3 investments instead of the Level 3 roll-forward. ASU 2018-13 is effective for periods beginning after December 15, 2019. Early adoption is permitted. Management is currently evaluating the impact of this ASU on the Plan's financial statements.

Subsequent Events

The Plan has evaluated the events and transactions that occurred subsequent to December 31, 2019 through October 14, 2020, which is the date the financial statements were available to be issued, for the possible recognition or disclosure in the financial statements.

On January 30, 2020, the World Health Organization ("WHO") announced a global health emergency because of a new strain of coronavirus originating in Wuhan, China (the "COVID-19 outbreak") and the risks to the international community as the virus spreads globally beyond its point of origin. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally.

The full impact of the COVID-19 outbreak continues to evolve as of the date of this report. This pandemic has adversely affected global economic activity and greatly contributed to significant deterioration and instability in financial markets. Because the values of the Plan's investments have and will fluctuate in response to changing market conditions, the amount of losses that will be recognized in subsequent periods, if any, cannot be determined. The value of the Plan's investments has a direct impact on its funded status. As a result of such declines in market value and possible changes to the actuarial assumptions used in determining the present value of accumulated benefits, the Plan Sponsor may need to make greater cash contributions to fund the Plan. Based on the Plan's funded percentage, there may be certain benefit limitations imposed. However, the actual impact, if any, on future required contributions, Plan liquidity, and benefit limitations cannot be determined at this time.

On March 27, 2020, President Trump signed into law the "Coronavirus Aid, Relief, and Economic Security (CARES) Act." The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants. The Plan has not adopted the provisions of the CARES Act.

Southwest Retirement and Cash Balance Plan

Notes to Financial Statements

3. Funding Policy

The System's funding policy is to contribute amounts sufficient to meet the benefits to be paid to participants and to satisfy the ERISA minimum funding requirements, and may include an additional discretionary amount at the election of the Plan Sponsor. The Plan has met the minimum funding requirements of ERISA for 2019 and 2018.

4. Accumulated Plan Benefits

The Plan's actuary, Towers Watson Delaware, Inc., 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.

The more significant assumptions used by the actuary in determining the actuarial present value of accumulated Plan benefits as of December 31, 2019 and 2018 (calculated by the Plan's actuary as of January 1, 2020 and January 1, 2019, the dates of the most recent valuations) include:

December 31, 2019 and 2018

Significant Actuarial Assumptions Used in the Latest Valuations

Actuarial method	Projected Unit Credit Method
Retirement rate	At rates varying by age (ages 55-70)
Mortality basis	The RP-2014 Healthy Mortality Table for 2019 and 2018
Discount rate	6.25% in 2019 and 2018
Assumed rate of return on investments	6.25% in 2019 and 2018

<i>December 31,</i>	2019	2018
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Accumulated Plan Benefit Information

Actuarial present value of accumulated Plan benefits:

Vested benefits:

Participants and beneficiaries currently receiving benefits	\$ 39,938,033	\$ 47,361,164
Other participants	73,074,276	78,271,906
	113,012,309	125,633,070
Nonvested benefits	211,563	259,082

Total actuarial present value of accumulated Plan benefits	\$ 113,223,872	\$ 125,892,152
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Southwest Retirement and Cash Balance Plan

Notes to Financial Statements

The changes in the actuarial present value of accumulated Plan benefits for the years ended December 31, 2019 and 2018 were as follows:

December 31, 2019 and 2018

Changes in the Actuarial Present Value of Accumulated Plan Benefits

Actuarial present value of accumulated plan benefits, December 31, 2017	\$ 123,411,188
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Increase (decrease) during the year attributed to:	
Actual benefits paid	(6,240,515)
Decrease in discount period	7,518,183
Benefits accumulated	-
Actuarial gains (losses)	2,215,915
Change in actuarial assumptions	(1,012,619)
Net increase	2,480,964

Actuarial present value of accumulated plan benefits, December 31, 2018	\$ 125,892,152
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Increase (decrease) during the year attributed to:	
Actual benefits paid	(23,349,617)
Decrease in discount period	7,033,343
Benefits accumulated	-
Actuarial gains (losses)	3,942,812
Change in actuarial assumptions	(294,818)
Net decrease	(12,668,280)

Actuarial present value of accumulated plan benefits, December 31, 2019	\$ 113,223,872
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These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

5. Fair Value Measurements

The Accounting Standards Codification (ASC) Topic *Fair Value Measurements and Disclosure* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with U.S. GAAP. *Fair Value Measurements and Disclosures* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

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

Southwest Retirement and Cash Balance Plan

Notes to Financial Statements

The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 inputs must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs (Level 1) and minimize the use of unobservable inputs (Level 3).

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2019 and 2018.

Money market funds: reported at amortized cost, which approximates fair value.

Fixed income securities: include debt obligations of the U.S. government and various agencies, U.S. corporations and other fixed income instruments. The composition of these securities represents an expected return and risk profile that is commensurate with broadly defined fixed income indexes such as the Barclays Capital U.S. Aggregate Index and are either valued at the closing price reported in the active market in which the bond is traded or based on yields currently available on comparable securities of issuers with similar credit ratings.

Common stocks: include equity securities of publicly traded common stocks, traded on major U.S. exchanges of both U.S. and international corporations of which the majority represent actively traded and liquid securities and include large-, mid-, and small capitalization securities. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. The composition of these securities represent an expected return and risk profile that is commensurate with broadly defined equity indexes such as the Russell 1000 Index, the Russell 2500 Index, and the Morgan Stanley Capital International (MSCI) EAFE (Europe, Australasia, Far East) Index.

Registered Investment Companies (Mutual funds): include both fixed income and equity funds investing in diversified portfolios of primarily international companies. The fair value of mutual

Southwest Retirement and Cash Balance Plan

Notes to Financial Statements

funds is based on quoted redemption values on the last business day of the Plan year and is valued at the net asset value of shares held by the Plan at year-end.

Limited partnerships: Include investments that are diversified across various strategies and may consist of long/short equity funds and other opportunistic funds. The underlying investments in such funds may include publicly traded and privately held equity and debt instruments issued by U.S. and international corporations as well as various derivatives based on these securities. These partnerships are valued at estimated net asset value (NAV) at the valuation date. Redemptions are limited to the first business day of the month and there are no unfunded commitments as of December 31, 2019 and 2018.

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

The Investment Committee meets periodically to review and discuss investment performance, adherence to the written investment policy and the investment policy itself. The Investment Committee approves changes in asset managers and asset allocations.

The following tables set forth, by level within the fair value hierarchy, the Plan's assets carried at fair value on a recurring basis:

<i>December 31, 2019</i>	Level 1	Level 2	Level 3	Total
(In Thousands)				
Assets				
Investments at fair value:				
Money market funds	\$ 2,276	\$ -	\$ -	\$ 2,276
Fixed income securities	-	41,655	-	41,655
Common stocks	7,796	-	-	7,796
Registered investment companies	62,997	-	-	62,997
Investments measured at NAV (a)	-	-	-	13,168
Total assets	\$ 73,069	\$ 41,655	\$ -	\$ 127,892
<i>December 31, 2018</i>	Level 1	Level 2	Level 3	Total
(In Thousands)				
Assets				
Investments at fair value:				
Money market funds	\$ 605	\$ -	\$ -	\$ 605
Fixed income securities	-	45,495	-	45,495
Common stocks	6,733	-	-	6,733
Registered investment companies	52,513	-	-	52,513
Investments measured at NAV (a)	-	-	-	13,054
Total assets	\$ 59,851	\$ 45,495	\$ -	\$ 118,400

Southwest Retirement and Cash Balance Plan

Notes to Financial Statements

- (a) In accordance with the FASB Accounting Standards Codification Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient and have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

6. Investments (unaudited)

All investments information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2019 and 2018, and the net appreciation in the fair value of investments and interest and dividends for the years ended December 31, 2019 and 2018, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by BNY Mellon, the Plan's trustee. The trustee's certification applies to substantially all Plan assets and transactions for the dates presented.

7. Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service dated February 18, 2014, stating that the Plan is designed in accordance with appropriate sections of the Internal Revenue Code (Code). Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the tax authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2019 and 2018, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. 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 transaction rules under ERISA.

9. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, 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 those changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Southwest Retirement and Cash Balance Plan

Notes to Financial Statements

Plan contributions are made and the actuarial present value of accumulated Plan benefits are 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 processes, 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.

Supplemental Information

SOUTHWEST RETIREMENT AND CASH BALANCE PLAN

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN #34-1455141

PLAN NO: 001

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at December 31, 2019
	Total money market funds	See detail attached	\$ 2,276,306	\$ 2,276,306
	Total fixed income securities	See detail attached	40,832,828	41,654,659
	Total mutual funds, including common stocks	See detail attached	55,666,321	70,792,239
	Investments measured at NAV			
	Lighthouse Global Long/Short FD LTD CL F SHS	8,000 units	11,199,520	13,168,376
	Total investments measured at NAV		11,199,520	13,168,376
			\$ 109,974,975	\$ 127,891,580

*Indicates party-in-interest to the Plan.



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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
<u>INVESTMENTS CASH EQUIVALENTS</u>					
	GOLDMAN SACHS GOVT-FS 38141W273				
620,070.7300	RETRMNT ANCORA	620,070.73	1.0000	620,070.73	0.00
1,654,808.2800	RETRMNT PLAN	1,654,808.28	1.0000	1,654,808.28	0.00
1,426.7300	RETRMNT MUT FUNDS	1,426.73	1.0000	1,426.73	0.00
2,276,305.7400		2,276,305.74		2,276,305.74	0.00
TOTAL INVESTMENTS CASH EQUIVALENTS		2,276,305.74		2,276,305.74	0.00
<u>INVESTMENTS FIXED INCOME SECURITIES</u>					
	AMERICAN EXPRESS CREDIT CORP 3.300% 05/03/2027 DD 05/03/17 0258M0EL9				
1,000,000.0000	RETRMNT ANCORA	985,530.00	106.2320	1,062,320.00	76,790.00
	APPLE INC 3.450% 05/06/2024 DD 05/06/14 037833AS9				
500,000.0000	RETRMNT ANCORA	505,135.00	106.2040	531,020.00	25,885.00
	CABOT CORP 7.280% 10/21/2027 DD 10/21/97 12705QAU9				
50,000.0000	RETRMNT ANCORA	50,740.50	116.9820	58,491.00	7,750.50



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
615,000.0000	ENTERGY GULF STATES LOUISIANA 5.590% 10/01/2024 DD 10/02/09 29365PAP7 RETRMNT ANCORA	689,507.25	114.7580	705,761.70	16,254.45
1,000,000.0000	ESTEE LAUDER COS INC/THE 3.150% 03/15/2027 DD 02/09/17 29736RAJ9 RETRMNT ANCORA	998,330.00	105.6240	1,056,240.00	57,910.00
500,000.0000	FREMF 2013-K25 MORT K25 B 144A VAR RT 11/25/2045 DD 02/01/13 30261NAE0 RETRMNT ANCORA	514,921.88	102.2880	511,440.00	3,481.88-
141.5330	FHLMC POOL #C0-0550 7.500% 09/01/2027 DD 09/01/97 31292GTF3 RETRMNT ANCORA	144.35	112.2970	158.94	14.59
1,000,000.0000	FEDERAL HOME LN BK CONS BD 1.950% 09/30/2024 DD 09/30/16 3130A9M57 RETRMNT ANCORA	936,590.00	99.5760	995,760.00	59,170.00
1,500,000.0000	FEDERAL HOME LN BK CONS BD 2.250% 10/27/2026 DD 10/27/16 3130A9RV5 RETRMNT ANCORA	1,465,650.00	98.6120	1,479,180.00	13,530.00



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
1,000,000.0000	FEDERAL FARM CR BK CONS BD 2.140% 11/21/2024 DD 11/21/16 3133EGH99 RETRMNT ANCORA	991,500.00	99.4640	994,640.00	3,140.00
1,000,000.0000	FEDERAL FARM CR BK CONS BD 2.500% 11/20/2025 DD 11/20/17 3133EHU35 RETRMNT ANCORA	981,700.00	103.5870	1,035,870.00	54,170.00
1,272.8840	FNMA GTD REMIC P/T 93-23 PZ 7.500% 03/25/2023 DD 03/01/93 31358T5U9 RETRMNT ANCORA	1,264.11	104.9630	1,336.06	71.95
121,043.2270	FNMA GTD REMIC P/T 13-12 UA 2.500% 09/25/2042 DD 01/01/13 3136ABWQ2 RETRMNT ANCORA	125,809.32	101.4930	122,850.40	2,958.92-
559,516.5800	FNMA GTD REMIC P/T 13-6 LD 2.000% 02/25/2043 DD 01/01/13 3136ABZ22 RETRMNT ANCORA	561,702.20	98.9260	553,507.37	8,194.83-
464,413.4800	FNMA GTD REMIC P/T 13-20 CA 2.500% 01/25/2043 DD 02/01/13 3136ACWN7 RETRMNT ANCORA	473,756.18	100.7830	468,049.84	5,706.34-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
348,522.6860	FNMA GTD REMIC P/T 13-37 JA 1.750% 06/25/2042 DD 03/01/13 3136AC6U0 RETRMNT ANCORA	347,760.30	99.5130	346,825.38	934.92-
181,646.1500	FNMA GTD REMIC P/T 13-34 PA 2.000% 08/25/2042 DD 03/01/13 3136ADQL6 RETRMNT ANCORA	184,370.78	99.2790	180,336.48	4,034.30-
463,402.9620	FNMA GTD REMIC P/T 13-87 GD 3.000% 06/25/2043 DD 07/01/13 3136AFYS7 RETRMNT ANCORA	475,712.07	102.9360	477,008.47	1,296.40
355,000.0000	FNMA GTD REMIC P/T 13-111 PL 2.000% 12/25/2042 DD 10/01/13 3136AG5B4 RETRMNT ANCORA	349,231.25	97.2300	345,166.50	4,064.75-
650,544.1500	FNMA GTD REMIC P/T 15-55 C 3.000% 07/25/2041 DD 07/01/15 3136APC67 RETRMNT ANCORA	679,284.97	102.0940	664,166.54	15,118.43-
443,860.4700	FNMA GTD REMIC P/T 15-67 AC 3.000% 06/25/2044 DD 08/01/15 3136AP5P3 RETRMNT ANCORA	462,932.60	102.3310	454,206.86	8,725.74-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
493,735.2160	FNMA GTD REMIC P/T 15-71 GC 3.000% 04/25/2044 DD 09/01/15 3136AQEX4 RETRMNT ANCORA	476,223.08	101.6120	501,694.23	25,471.15
1,400,000.0000	FNMA GTD REMIC P/T 16-34 VB 3.000% 09/25/2036 DD 05/01/16 3136ASSU1 RETRMNT ANCORA	1,400,218.75	100.6400	1,408,960.00	8,741.25
662,111.6300	FNMA GTD REMIC P/T 16-49 PA 3.000% 09/25/2045 DD 07/01/16 3136ATJR6 RETRMNT ANCORA	680,318.01	102.7580	680,372.67	54.66
745,079.4200	FNMA GTD REMIC P/T 16-92 A 3.000% 04/25/2042 DD 11/01/16 3136AUSM4 RETRMNT ANCORA	753,577.98	102.0600	760,428.06	6,850.08
659,656.5210	FNMA GTD REMIC P/T 16-104 QC 3.000% 05/25/2046 DD 12/01/16 3136AUU82 RETRMNT ANCORA	672,952.78	103.0010	679,452.81	6,500.03
735,382.7600	FNMA GTD REMIC P/T 17-79 AB 3.000% 09/25/2043 DD 09/01/17 3136AYJD6 RETRMNT ANCORA	746,040.04	101.1400	743,766.12	2,273.92-



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TOTAL COMBINED

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
88,344.5100	FNMA GTD REMIC P/T 12-44 LA 3.500% 09/25/2040 DD 04/01/12 3136A5D60 RETRMNT ANCORA	93,217.19	102.3220	90,395.87	2,821.32-
116,198.0350	FNMA GTD REMIC P/T 12-99 AC 2.000% 05/25/2039 DD 08/01/12 3136A8XD7 RETRMNT ANCORA	117,164.76	99.8920	116,072.54	1,092.22-
244,339.7740	FHLMC MULTICLASS MTG 3962 KD 3.000% 10/15/2026 DD 11/01/11 3137AJJZ8 RETRMNT ANCORA	253,349.88	102.8670	251,345.00	2,004.88-
164,401.4780	FHLMC MULTICLASS MTG 4028 NP 3.500% 02/15/2032 DD 04/01/12 3137APCZ1 RETRMNT ANCORA	170,258.29	101.6200	167,064.78	3,193.51-
136,693.1500	FHLMC MULTICLASS MTG 4047 PG 3.000% 12/15/2037 DD 05/01/12 3137AQS6 RETRMNT ANCORA	140,772.59	100.4420	137,297.33	3,475.26-
159,873.7700	FHLMC MULTICLASS MTG 4119 PA 1.500% 09/15/2041 DD 10/01/12 3137AUVJ5 RETRMNT ANCORA	160,723.06	97.5680	155,985.64	4,737.42-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
846,190.9530	FHLMC MULTICLASS MTG 4121 AV 3.000% 12/15/2035 DD 10/01/12 3137AV4D6 RETRMNT ANCORA	826,093.90	101.6240	859,933.09	33,839.19
274,391.5400	FHLMC MULTICLASS MTG 3.000% 06/15/2040 DD 06/01/14 3137BBN97 RETRMNT ANCORA	284,423.99	101.7810	279,278.45	5,145.54-
488,476.5660	FHLMC MULTICLASS MTG 4366 GA 3.000% 03/15/2040 DD 07/01/14 3137BCBE7 RETRMNT ANCORA	508,473.59	101.8100	497,317.99	11,155.60-
784,220.1270	FHLMC MULTICLASS MTG 4444 CH 3.000% 01/15/2041 DD 02/01/15 3137BGJD2 RETRMNT ANCORA	814,569.28	102.0790	800,524.06	14,045.22-
612,681.0400	FHLMC MULTICLASS MTG 4569 A 2.500% 11/15/2040 DD 04/01/16 3137BNZ80 RETRMNT ANCORA	629,529.77	100.7580	617,325.16	12,204.61-
603,193.1600	FHLMC MULTICLASS MTG 4609 KA 3.000% 01/15/2046 DD 08/01/16 3137BRCY9 RETRMNT ANCORA	633,164.32	103.0370	621,512.14	11,652.18-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
678,787.3400	FHLMC MULTICLASS MTG 4608 HA 2.500% 06/15/2041 DD 08/01/16 3137BR6T7 RETRMNT ANCORA	696,950.21	100.9920	685,520.91	11,429.30-
117,425.9400	FHLMC MULTICLASS MTG 4247 EU 3.000% 03/15/2032 DD 09/01/13 3137B4HM1 RETRMNT ANCORA	121,609.21	101.5760	119,276.57	2,332.64-
56,096.2830	FHLMC MULTICLASS MTG 4273 GM 3.000% 12/15/2041 DD 11/01/13 3137B64N8 RETRMNT ANCORA	57,814.22	102.1220	57,286.65	527.57-
838,146.4650	FHLMC MULTICLASS MTG 4735 MA 3.000% 08/15/2045 DD 11/01/17 3137FCAD6 RETRMNT ANCORA	823,675.36	102.0850	855,621.82	31,946.46
445,712.4770	FHLMC MULTICLASS MTG 4776 VY 4.000% 01/15/2031 DD 03/01/18 3137F4S52 RETRMNT ANCORA	452,955.31	107.5100	479,185.48	26,230.17
17,960.8200	FHLMC MULTICLASS MTG 3726 KD 3.000% 04/15/2025 DD 09/01/10 3137GAA72 RETRMNT ANCORA	18,227.40	100.8000	18,104.51	122.89-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
986,211.2200	FNMA POOL #0AM8117 2.530% 03/01/2025 DD 03/01/15 3138L9AT9 RETRMNT ANCORA	1,011,636.99	101.7110	1,003,085.29	8,551.70-
11,487.3490	FNMA GTD REMIC P/T 03-63 PE 3.500% 07/25/2033 DD 06/01/03 31393DQZ7 RETRMNT ANCORA	10,584.47	102.9650	11,827.95	1,243.48
31,126.5150	FHLMC MULTICLASS MTG 2716 UN 4.500% 12/15/2023 DD 12/01/03 31394MNE6 RETRMNT ANCORA	31,612.83	102.8610	32,017.04	404.21
5,492.9180	FHLMC MULTICLASS MTG 2942 DH 4.500% 03/15/2020 DD 03/01/05 31395PHG0 RETRMNT ANCORA	5,575.31	100.0200	5,494.02	81.29-
92,164.7750	FNMA GTD REMIC P/T 11-40 KA 3.500% 03/25/2026 DD 04/01/11 31397SXM1 RETRMNT ANCORA	93,201.50	103.9840	95,836.62	2,635.12
50,067.7450	FNMA GTD REMIC P/T 10-102 DE 3.000% 06/25/2029 DD 08/01/10 31398NBS2 RETRMNT ANCORA	52,133.02	100.7530	50,444.76	1,688.26-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
11,350.6210	FNMA POOL #0787578 6.000% 07/01/2035 DD 07/01/05 31405E6P5 RETRMNT ANCORA	11,636.15	114.6190	13,009.97	1,373.82
11,038.8470	FNMA POOL #0819297 6.000% 09/01/2035 DD 08/01/05 31406TGE5 RETRMNT ANCORA	11,311.34	114.5460	12,644.56	1,333.22
10,642.3470	FNMA POOL #0995880 4.000% 06/01/2024 DD 06/01/09 31416CJZ0 RETRMNT ANCORA	11,164.50	104.2820	11,098.05	66.45-
7,644.7540	FNMA POOL #0MA0598 3.500% 12/01/2020 DD 11/01/10 31417YUY1 RETRMNT ANCORA	7,960.10	103.5710	7,917.75	42.35-
1,793.9250	GNMA POOL #0436582 8.000% 12/15/2026 DD 12/01/96 36207M6T8 RETRMNT ANCORA	1,842.20	109.6760	1,967.51	125.31
149.3830	GNMA POOL #0437116 8.000% 12/15/2026 DD 12/01/96 36207NSD7 RETRMNT ANCORA	152.90	108.8800	162.65	9.75



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
5.2170	GNMA POOL #0780049 9.500% 11/15/2021 DD 01/01/95 36225ABS8 RETRMNT ANCORA	5.70	100.2890	5.23	0.47-
16.8770	GNMA POOL #0780118 9.500% 08/15/2021 DD 04/01/95 36225ADX5 RETRMNT ANCORA	18.21	100.9420	17.04	1.17-
189.4380	GNMA POOL #0780497 8.000% 01/15/2027 DD 01/01/97 36225ARS1 RETRMNT ANCORA	196.78	114.0030	215.97	19.19
750,000.0000	GILEAD SCIENCES INC 3.700% 04/01/2024 DD 03/07/14 375558AW3 RETRMNT ANCORA	767,145.00	106.0530	795,397.50	28,252.50
4,445.4950	GNMA GTD REMIC P/T 03-85 PD 4.000% 03/20/2033 DD 10/01/03 38374C5H0 RETRMNT ANCORA	4,433.69	100.6850	4,475.95	42.26
20,717.3000	GNMA GTD REMIC P/T 09-47 DU 3.500% 06/16/2039 DD 06/01/09 38374T7A6 RETRMNT ANCORA	20,714.03	103.4310	21,428.11	714.08



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
6,238.1960	GNMA GTD REMIC P/T 09-101 L 4.000% 10/20/2038 DD 11/01/09 38376JQK3 RETRMNT ANCORA	6,548.16	100.3250	6,258.47	289.69-
1,000,000.0000	HOME DEPOT INC/THE 2.125% 09/15/2026 DD 09/15/16 437076BN1 RETRMNT ANCORA	972,750.00	99.9540	999,540.00	26,790.00
14,126.2370	IMC HOME EQUITY LOAN TRUS 5 M2 7.310% 11/20/2028 DD 09/01/97 449670DH8 RETRMNT ANCORA	13,278.58	97.4880	13,771.39	492.81
1,000,000.0000	INTERNATIONAL BUSINESS MACHINE 3.450% 02/19/2026 DD 02/19/16 459200JG7 RETRMNT ANCORA	1,022,560.00	106.6750	1,066,750.00	44,190.00
26,026.3250	JP MORGAN MORTGAGE TR ALT1 4A1 VAR RT 10/25/2035 DD 09/01/05 466247XN8 RETRMNT ANCORA	27,071.02	92.9000	24,178.46	2,892.56-
698,000.0000	JOHNSON CONTROLS INTERNATIONAL STEP 07/02/2024 DD 07/02/2016 478375AG3 RETRMNT ANCORA	674,079.54	104.4000	728,712.00	54,632.46



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
750,000.0000	MARSH & MCLENNAN COS INC 3.500% 06/03/2024 DD 05/30/14 571748AV4 RETRMNT ANCORA	760,515.00	105.0550	787,912.50	27,397.50
800,000.0000	PNC FINANCIAL SERVICES GROUP I 3.900% 04/29/2024 DD 04/28/14 693475AP0 RETRMNT ANCORA	810,976.00	106.4100	851,280.00	40,304.00
1,000,000.0000	PRECISION CASTPARTS CORP 3.250% 06/15/2025 DD 06/10/15 740189AM7 RETRMNT ANCORA	1,038,960.00	105.5940	1,055,940.00	16,980.00
1,000,000.0000	ROSS STORES INC 3.375% 09/15/2024 DD 09/18/14 778296AA1 RETRMNT ANCORA	1,025,810.00	104.4450	1,044,450.00	18,640.00
1,000,000.0000	SIMON PROPERTY GROUP LP 3.250% 11/30/2026 DD 11/23/16 828807CY1 RETRMNT ANCORA	961,440.00	105.2550	1,052,550.00	91,110.00
1,000,000.0000	JM SMUCKER CO/THE 3.500% 03/15/2025 DD 09/15/15 832696AK4 RETRMNT ANCORA	988,150.00	105.2620	1,052,620.00	64,470.00



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
775,000.0000	STANLEY BLACK & DECKER INC 3.400% 03/01/2026 DD 03/01/19 854502AK7 RETRMNT ANCORA	811,665.25	105.7570	819,616.75	7,951.50
1,000,000.0000	TD AMERITRADE HOLDING CORP 2.750% 10/01/2029 DD 08/16/19 87236YAJ7 RETRMNT ANCORA	1,008,140.00	100.0650	1,000,650.00	7,490.00-
2,750,000.0000	U S TREASURY NOTE 1.625% 08/15/2029 DD 08/15/19 912828YB0 RETRMNT ANCORA	2,733,300.79	97.4960	2,681,140.00	52,160.79-
1,000,000.0000	U S TREASURY NOTE 2.625% 02/15/2029 DD 02/15/19 9128286B1 RETRMNT ANCORA	999,843.76	106.0550	1,060,550.00	60,706.24
1,000,000.0000	WELLS FARGO & CO 3.000% 04/22/2026 DD 04/22/16 949746RW3 RETRMNT ANCORA	989,940.00	102.8690	1,028,690.00	38,750.00
655,000.0000	EVERGY KANSAS CENTRAL INC 3.250% 12/01/2025 DD 11/13/15 95709TAL4 RETRMNT ANCORA	632,599.00	104.5720	684,946.60	52,347.60
TOTAL INVESTMENTS FIXED INCOME SECURITIES		40,832,827.55		41,654,659.56	821,832.01



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
<u>INVESTMENTS EQUITY</u>					
233,284.0360	ARTISAN INTERNATIONAL-INST 04314H402 RETRMNT MUT FUNDS	5,460,192.78	33.4200	7,796,352.48	2,336,159.70
304,636.9640	DFA EMERG MKTS CORE EQTY-I 233203421 RETRMNT MUT FUNDS	6,260,940.78	21.7700	6,631,946.71	371,005.93
192,500.4140	HARBOR INTERNATIONAL-INST 411511306 RETRMNT MUT FUNDS	8,559,772.04	40.0800	7,715,416.59	844,355.45-
488,189.0140	VANGUARD DEV MKT INDX-INST 921943882 RETRMNT MUT FUNDS	6,992,098.74	14.1600	6,912,756.44	79,342.30-
123,077.1790	VANGUARD INST INDEX-INST 922040100 RETRMNT MUT FUNDS	22,908,109.30	290.2300	35,720,689.66	12,812,580.36
75,785.2760	VANGUARD SML CAP INDX-INST 922908876 RETRMNT MUT FUNDS	5,485,207.15	79.3700	6,015,077.36	529,870.21
TOTAL INVESTMENTS EQUITY		55,666,320.79		70,792,239.24	15,125,918.45

INVESTMENTS ALTERNATIVE INVESTMENTS

Southwest Retirement and Cash Balance Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #34-1455141

Plan #001

Year Ended December 31, 2019

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets							
	Goldman Sachs Fin SQ Govr-FS Retirement Mutual Funds	\$ 16,400,000	\$ -	\$ -	\$ 16,400,000	\$ 16,400,000	\$ -
	Goldman Sachs Fin SQ Govr-FS Retirement Mutual Funds	-	15,951,238	-	15,951,238	15,951,238	-

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

* Indicates party-in-interest to the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of January 1, 2019
Number distributed by attained age and attained years of credited service

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	1	0	0	0	0	0	0	0	0	1
25-29	0	41	4	0	0	0	0	0	0	0	45
30-34	0	92	45	2	0	0	0	0	0	0	139
35-39	1	50	55	40	2	0	0	0	0	0	148
40-44	0	55	44	47	25	0	0	0	0	0	171
45-49	0	48	58	49	28	15	0	0	0	0	198
50-54	0	38	43	52	42	30	11	2	0	0	218
55-59	0	43	44	53	48	29	22	15	4	0	258
60-64	1	20	36	41	39	26	24	27	13	1	228
65-69	0	15	13	11	7	7	5	1	1	0	60
70 & over	1	3	4	1	0	0	0	1	0	0	10
Total	3	406	346	296	191	107	62	46	18	1	1,476

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

Plan Name: Southwest Retirement and Cash Balance Plan
 EIN / PN: 34-1455141/001
 Plan Sponsor: Southwest Community Health System
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Frozen Traditional Benefit as of January 1, 2019

Number and average annual frozen accrued benefit distributed by attained age and attained years of credited service¹

Attained Age	Attained Years of Credited Service ²										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	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	2	15	2	0	0	0	0	0	0	19
	-	-	-	-	-	-	-	-	-	-	-
35-39	1	1	29	40	2	0	0	0	0	0	73
	-	-	999	2,341	-	-	-	-	-	-	1,771
40-44	0	5	24	47	25	0	0	0	0	0	101
	-	-	1,073	3,377	5,742	-	-	-	-	-	3,284
45-49	0	2	24	49	28	15	0	0	0	0	118
	-	-	1,310	3,723	6,262	-	-	-	-	-	4,655
50-54	0	2	25	52	42	30	11	2	0	0	164
	-	-	1,730	3,368	8,025	9,674	-	-	-	-	6,096
55-59	0	3	20	52	47	29	22	15	4	0	192
	-	-	1,217	3,461	6,004	11,306	13,711	-	-	-	7,987
60-64	1	1	20	41	39	26	24	27	13	1	193
	-	-	1,125	2,588	7,106	10,606	17,087	26,031	-	-	11,352
65-69	0	3	8	11	7	7	5	1	1	0	43
	-	-	-	-	-	-	-	-	-	-	7,809
70 & over	1	0	0	1	0	0	0	1	0	0	3
	-	-	-	-	-	-	-	-	-	-	-
Total	3	19	165	295	190	107	62	46	18	1	906
	-	-	1,185	3,174	6,830	10,454	15,086	23,943	-	-	6,748

¹ Defined benefit is "hard frozen" and the average accrued benefits are in lieu of compensation.

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Southwest Retirement and Cash Balance Plan

EIN / PN: 34-1455141/001

Plan Sponsor: Southwest Community Health System

Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Benefit as of January 1, 2019

Number and average account balance distributed by attained age and attained years of credited service¹

Attained Age	Attained Years of Credited Service ²										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	1	0	0	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	41	4	0	0	0	0	0	0	0	45
	-	2,575	-	-	-	-	-	-	-	-	2,921
30-34	0	92	45	2	0	0	0	0	0	0	139
	-	3,467	8,461	-	-	-	-	-	-	-	5,086
35-39	0	50	55	40	2	0	0	0	0	0	147
	-	3,465	9,950	12,104	-	-	-	-	-	-	8,335
40-44	0	54	44	47	24	0	0	0	0	0	169
	-	3,829	8,335	14,204	17,642	-	-	-	-	-	9,849
45-49	0	46	57	48	28	15	0	0	0	0	194
	-	3,006	10,471	14,842	15,680	-	-	-	-	-	11,574
50-54	0	38	42	51	41	30	11	2	0	0	215
	-	3,298	14,215	13,354	21,460	19,673	-	-	-	-	14,649
55-59	0	41	44	50	48	29	22	15	4	0	253
	-	4,260	11,129	14,323	16,974	22,658	22,252	-	-	-	14,029
60-64	0	20	34	40	39	26	24	26	13	1	223
	-	4,217	10,191	11,727	17,603	16,162	19,109	5,807	-	-	11,968
65-69	0	14	11	11	7	7	5	1	1	0	57
	-	-	-	-	-	-	-	-	-	-	11,279
70 & over	0	3	4	1	0	0	0	1	0	0	9
	-	-	-	-	-	-	-	-	-	-	-
Total	0	400	340	290	189	107	62	45	18	1	1,452
	-	3,603	10,304	13,409	18,099	19,792	19,428	8,674	-	-	11,043

¹ Cash balance benefit is frozen (compensation credits have ceased) but balances continue to earn interest credits

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Southwest Retirement and Cash Balance Plan

EIN / PN: 34-1455141/001

Plan Sponsor: Southwest Community Health System

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 Stabilization

Not Reflecting Stabilization

- First segment rate 3.74% 2.28%
- Second segment rate 5.35% 3.81%
- Third segment rate 6.11% 4.46%
- Effective interest rate 5.55% 4.03%

Annual rates of increase

- Statutory limits on benefits None
- Interest credits for cash balance plan 3.15%

Plan-related expenses

\$1,469,154; plan-related expenses paid from plan assets during the prior year

Demographic Assumptions

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees

It was assumed there will be no new or rehired employees.

Plan Name: Southwest Retirement and Cash Balance Plan
EIN / PN: 34-1455141/001
Plan Sponsor: Southwest Community Health System
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Mortality

- **Healthy** Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount 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) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount 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).
- **Disabled** Same mortality assumptions as used for healthy lives.

Termination Rates

For participants with fewer than 10 years of service:

Years of Service	Percentage Leaving During the Year
1	12%
2 or 3	11%
4 or 5	10%
6 or 7	9%
8 or 9	8%

For participants with ten or more years of service:

Age	Male	Female
30	6.9%	9.9%
40	2.8%	4.9%
50	0.4%	1.7%
60	0.0%	0.4%

Disability

None assumed.

Retirement

The rates at which participants are assumed to retire by age are shown below:

Percentage retiring during the year	
Ages	Rate of Retirement
55 – 61	5%
62 – 64	15%
65 – 67	30%
68 – 69	20%
70	100%

Plan Name: Southwest Retirement and Cash Balance Plan
EIN / PN: 34-1455141/001
Plan Sponsor: Southwest Community Health System
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit Current deferred vested participants are assumed to commence all benefits at age 65; current actives who are assumed to terminate prior to retirement eligibility are assumed to commence the cash balance immediately upon termination and to commence a traditional annuity benefit at age 65
- Retirement benefit Immediately upon termination of employment.

Form of payment Participants are assumed to elect the lump sum form of payment for the cash balance benefit. The annuity benefit is assumed to be paid on a 5 year certain and continuous basis.

Percent married 85% of male and 80% of female participants are assumed to be married. These assumptions are used to value pre-retirement surviving spouse benefits.

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

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.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Plan Name: Southwest Retirement and Cash Balance Plan
EIN / PN: 34-1455141/001
Plan Sponsor: Southwest Community Health System
Valuation Date January 1, 2019

SCHEDULE SB ATTACHMENTS

Actuarial value of assets Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.25% (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 2018 plan year).

Benefits not valued All benefits described in the Plan Provisions section of this report were valued except for the following:

- The disability benefit was deemed to be insignificant and was not valued.
- The plan provides a final average formula lump sum option, with limitations, to individuals who were participants as of December 31, 1993. Such lump sums are not explicitly valued; rather such participants' benefits are valued using the "Form of payment" assumption described above.

Willis Towers Watson has reviewed the plan provisions with the plan sponsor and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2019 via the eepoint administration system. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. 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. In consultation with the plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- For rehired retirees with suspended benefits, frozen accrued benefits were assumed to be the amounts previously in payment.
- For participants with in-payment benefits provided but payments not confirmed, the participants were assumed to be deferred with frozen benefits payable at their normal retirement dates.
- For participant with expired benefit still receiving payments per the trustee, it was assumed the certain period is incorrect and payment is still due until confirmed otherwise.
- Missing beneficiary information was assumed to be opposite gender and/or follow the "Spouse age" assumption detailed in this appendix if no current or prior year information was provided.
- Frozen benefits not provided in the data were assumed to be unchanged from those provided in the prior year.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: Southwest Retirement and Cash Balance Plan
EIN / PN: 34-1455141/001
Plan Sponsor: Southwest Community Health System
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.
Cash balance interest crediting rate	The plan credits interest to accounts using the 10-year Treasury rate for September of the preceding year. The long term estimate of the 10-year Treasury rate is 3.15%, based on a combination of current conditions, past history, including relationships to other assumptions such as CPI, and future economic expectations.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Assumed return for asset smoothing	Based on the current asset allocation, Willis Towers Watson's Portfolio Return Model as of October 1, 2018 and available benchmarking information, the Company believes a 6.25% rate of return is the best estimate of future plan experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	The current rates used are based on experience from the 1990's and are reasonable in comparison with research done by Edward W. Frees dated December 13, 2003 applicable to health care organizations.
Retirement	The selected rates are supported by a study of actual experience from 2010 through 2014. The selected rates are supported by the lack of early retirement pension subsidy from the plan, no availability of company provided, subsidized postretirement health care and the inability to start social security until age 62 and Medicare until age 65 and recent trends suggesting that employees are retiring later.

Plan Name:	Southwest Retirement and Cash Balance Plan
EIN / PN:	34-1455141/001
Plan Sponsor:	Southwest Community Health System
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

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.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target was updated to reflect the new tables, based on RP-2014 and subsequent Society of Actuaries studies, published by the IRS in October 2017 in regulation §1.430(h)(3)-1.
- The assumed plan-related expenses added to the target normal cost were changed from \$1,369,115 for the prior valuation to \$1,469,154 for the current valuation to reflect greater expenses paid from the trust in the year prior to the valuation date.

Plan Name: Southwest Retirement and Cash Balance Plan
EIN / PN: 34-1455141/001
Plan Sponsor: Southwest Community Health System
Valuation Date: January 1, 2019

Southwest Retirement and Cash Balance Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #34-1455141

Plan #001

Year Ended December 31, 2019

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (iii) - Series of transactions in excess of 5% of plan assets							
	Goldman Sachs Fin SQ Govr-FS Retirement Mutual Funds	\$ 16,400,000	\$ -	\$ -	\$ 16,400,000	\$ 16,400,000	\$ -
	Goldman Sachs Fin SQ Govr-FS Retirement Mutual Funds	-	15,951,238	-	15,951,238	15,951,238	-

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

* Indicates party-in-interest to the Plan.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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 SOUTHWEST RETIREMENT AND CASH BALANCE PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHWEST COMMUNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 34-1455141
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 126,072,126
b Actuarial value	2b 131,812,341
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 709 (2) Vested Funding Target 51,521,237 (3) Total Funding Target 51,521,237
b For terminated vested participants	556 20,602,436 20,602,436
c For active participants	1,476 64,733,353 65,039,484
d Total	2,741 136,857,026 137,163,157
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 5.55%
6 Target normal cost	6 1,469,154

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	Brett J. Logterman	10/6/2020
	Signature of actuary	Date
Brett J. Logterman		2007485
	Type or print name of actuary	Most recent enrollment number
Willis Towers Watson US LLC		216-937-4000
	Firm name	Telephone number (including area code)
1001 LakeSide Avenue Suite 1500 Cleveland OH 44114		
	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 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>-4.19%</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).....		6,477,836
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>5.73%</u>		371,180
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.....		6,849,016
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	96.09%
15 Adjusted funding target attainment percentage.....	15	96.09%
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	98.71%
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
02/26/2019	1,000,000	0			
05/01/2019	225,000	0			
12/13/2019	4,000,000	0			
03/17/2020	1,000,000	0			
Totals ▶			18(b)	6,225,000	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	5,949,365

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
0	0	0	0

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 63
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	1,469,154	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	5,350,816		928,710
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	2,397,864	
	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	2,397,864	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	5,949,365	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3,551,501	
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, 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	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000,000	1.000000	0.050000	2.750000
56	0.05	950,000	0.950000	0.047500	2.660000
57	0.05	902,500	0.902500	0.045125	2.572125
58	0.05	857,375	0.857375	0.042869	2.486388
59	0.05	814,506	0.814506	0.040725	2.402793
60	0.05	773,781	0.773781	0.038689	2.321343
61	0.05	735,092	0.735092	0.036755	2.242030
62	0.15	698,337	0.698337	0.104751	6.494537
63	0.15	593,587	0.593587	0.089038	5.609394
64	0.15	504,549	0.504549	0.075682	4.843667
65	0.30	428,866	0.428866	0.128660	8.362895
66	0.30	300,206	0.300206	0.090062	5.944088
67	0.30	210,145	0.210145	0.063043	4.223905
68	0.20	147,101	0.147101	0.029420	2.000576
69	0.20	117,681	0.117681	0.023536	1.623997
70	1.00	94,145	0.094145	0.094145	6.590133

Average age at
retirement

63.127871

Rounded for Schedule
SB item 22

63

Plan Name: Southwest Retirement and Cash Balance Plan
 EIN / PN: 34-1455141/001
 Plan Sponsor: Southwest Community Health System
 Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Southwest Community Health System
EIN/PN	34-1455141/001
Plan Name	Southwest Retirement and Cash Balance Plan
Valuation Date	January 1, 2019
Enrolled Actuary	Brett J. Logterman
Enrollment Number	20-07485

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, Part V Summary of Plan Provisions

Plan Provisions

The most recent plan document was amended and restated effective January 1, 2016, and the most recent amendment reflected in the following plan provisions was adopted in April 2018 and effective as of May 2018.

Covered employees Effective December 31, 2015, the plan was completely frozen and does not provide any future benefit accruals (i.e., cash balance compensation credits) after that date.

Participation date Each employee of Southwest Community Health System, Southwest Community Health System, Southwest Community Health Foundation, Southwest Holdings Inc. or its successors becomes a participant after completing 1 year of Eligibility Service and attaining age 21. Physicians employed at Oaktree Physicians, Inc. become participants after the later of age 21 and one year of service or January 1, 1997.

Definitions

Vesting service Service: For periods of employment on or after January 1, 1977, one year is credited if 1,000 Hours of Service are completed in any calendar year.

For periods of employment prior to 1977, Service equals elapsed time as an employee, excluding periods during which no employee contributions were made to the Plan and the employee was eligible to do so.

Plan Name: Southwest Retirement and Cash Balance Plan
EIN / PN: 34-1455141/001
Plan Sponsor: Southwest Community Health System
Valuation Date: January 1, 2019

SCHEDULE SB ATTACHMENTS

Pension service

Eligibility Service: One year is credited for each calendar year, or other eligibility computation period, in which at least 1,000 Hours of Service are completed.

Benefit Service for the final average formula: For periods of employment on or after January 1, 1977, one year is credited for each calendar year in which at least 1,800 Hours of Service are completed, with pro rata service credited for 1,000 or more but less than 1,800 hours:

Hours of Service		
At Least	Less Than	Benefit Service
1,000	1,200	0.6
1,200	1,400	0.7
1,400	1,600	0.8
1,600	1,800	0.9
1,800	N/A	1.0

Exception: For 1977, if an eligible employee failed to make employee contributions, Benefit Service equals .3 if the employee had at least 600 Hours of Service between August 1 and December 31.

For periods of employment prior to 1977, Benefit Service equals Service as a participant in the Plan.

Benefit service was frozen as of December 31, 2015.

Average earnings

The average of the highest five consecutive calendar years of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date

Normal retirement date (NRD)

First of month coinciding with or next following the later of age 65 or 5th anniversary of date participant commenced participation in the plan

Plan Name:	Southwest Retirement and Cash Balance Plan
EIN / PN:	34-1455141/001
Plan Sponsor:	Southwest Community Health System
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Monthly pension benefit

Grandfathered Employees (Age plus service more than 75 as of December 31, 2008):

Benefit Formula: The monthly normal retirement benefit, if paid on a five-year certain and continuous basis, is the greater of (a) or (b) below:

- (a) The sum of 1.28% of Credited Monthly Compensation up to the employee's Covered Compensation plus 1.92% of Credited Monthly Compensation in excess of Covered Compensation, times years of Benefit Service, up to 35 years.
- (b) The sum of (1) and (2), where:
 - (1) equals the participant's monthly accrued benefit as of December 31, 1993 under the prior benefit formula, and
 - (2) equals the benefit accrued with respect to Benefit Service credited after January 1, 1994 under formula (a) above, except that the service limitation is based on all years of Benefit Service.

The benefit determined under this formula was frozen as of December 31, 2014. Effective January 1, 2015 through December 31, 2015, benefit accruals are based on an account balance and will be determined using the Compensation and Interest Credits summarized below.

Credited Monthly Compensation represents the monthly average of the entire compensation received by the employee during the five consecutive calendar years in which Benefit Service is earned in the ten years prior to his date of retirement or December 31, 2014 which affords the highest average, or the monthly average during all full, consecutive calendar years of employment if fewer than five. For part-time employees and for the first year of employment, if Hours of Service are at least equal to 1,000, compensation is annualized to reflect the rate of compensation for a standard work year. Compensation considered for any calendar year may not exceed maximum limitations for that year as defined in the Internal Revenue Code.

If an employee has less than 1,000 Hours of Service in a calendar year, that year is ignored for the purpose of determining Credited Monthly Compensation. This means that "consecutiveness" is not affected by such years.

Plan Name:	Southwest Retirement and Cash Balance Plan
EIN / PN:	34-1455141/001
Plan Sponsor:	Southwest Community Health System
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Non-Grandfathered Employees:

The benefit is the same as the Grandfathered but using only credited monthly compensation, covered compensation and Benefit Service through December 31, 2008. Effective January 1, 2009 through December 31, 2015, benefit accruals are based on an account balance and will be determined using the following Compensation and Interest Credits:

Compensation Credits

Years of Service on Last Day of Plan Year	Compensation Credit
Less than 11 Years of Service	3%
11 to 20 Years of Service	4%
21 Years of Service or More	5%

The Compensation Credit is accrued for employees with 1,000 hours or more of service in the year.

Compensation credits will no longer be earned after December 31, 2015.

Interest Credits

The Interest Credit is provided at the end of the calendar year using the September 10-year Treasury yield of the preceding year.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing five years of Service
Postponed retirement	Retirement after NRD
Deferred vested termination	Termination for reasons other than death, disability or retirement after completing three years of Service
Disability	Permanent and total disability after any age and 5 years of Service, provided the employee is eligible for and receiving Federal Social Security benefits

Plan Name:	Southwest Retirement and Cash Balance Plan
EIN / PN:	34-1455141/001
Plan Sponsor:	Southwest Community Health System
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

Preretirement death benefit The death of an employee after 3 years of Service or vested former employee

Benefits Paid Upon the Following Events

Normal retirement The monthly pension benefit determined as of NRD

Early retirement For the final average formula benefit, the monthly benefit available at early retirement is the amount of normal retirement benefit based on earnings and service up to actual retirement (accrued normal retirement benefit). The benefit commences at age 65 or may be actuarially reduced for commencement prior to age 65. Actuarial reduction factors equal:

Age	Factor
55	.3674
56	.4036
57	.4439
58	.4888
59	.5390
60	.5951
61	.6580
62	.7288
63	.8084
64	.8983

The cash balance is available at termination.

Postponed retirement The monthly pension benefit determined as of the actual retirement date

Deferred vested termination The deferred vested benefit is the calculated normal retirement pension, based on Benefit Service and Credited Monthly Compensation at termination, payable at age 65 or, alternatively, an actuarially reduced pension payable as early as age 55.

The cash balance is available at termination.

Disablement The accrued normal retirement benefit is payable after 6 months of disability. The benefit is actuarially reduced for commencement prior to age 65.

Plan Name: Southwest Retirement and Cash Balance Plan
EIN / PN: 34-1455141/001
Plan Sponsor: Southwest Community Health System
Valuation Date January 1, 2019

SCHEDULE SB ATTACHMENTS

Preretirement death Upon the death of an employee after 3 years of Service or vested former employee, the surviving spouse will receive 50% of the benefit which would have been paid to the participant on his Earliest Retirement Date or date of death, if later, under the 50% Joint & Survivor option and based upon the accrued benefit at date of death.

The cash balance is available upon death.

Other Plan Provisions

Forms of payment Final average formula: An employee may elect to receive his benefit on a five-year certain and continuous basis or on an actuarially equivalent 10-year certain, 15-year certain, 50%, 75% or 100% contingent annuitant or straight-life basis. In addition, a Lump Sum Cash Payment Option is available, with limitations, only to individuals who were participants as of December 31, 1993. Unless otherwise elected, any benefit (except disability benefits) payable under the Plan shall be paid:

- (1) on a 50% contingent annuitant basis, if the employee is married on the date his benefit commences; or
- (2) on a five-year certain and continuous basis otherwise.

Under the provisions which became effective on June 1, 1995, the limited lump sum equals:

- (1) the accrued benefit times a lump sum factor based on the IRC Section 417(e) mortality table and interest rate;
- (2) to maximum of the 12/31/93 accrued benefit times the lump sum factor described in (1) above plus \$25,000.

If the maximum applies, a residual benefit equals the accrued benefit times one less the ratio of the lump sum without limit to the limited lump sum.

The cash balance benefit is available as a lump sum, single life basis and the 50%/75%/100% Joint & Survivor option.

Actuarial equivalence for the final average formula optional annuities is based on the 1971 TPF&C Forecast Mortality Table, set back 5 years, with an annual interest rate of 8%.

Actuarial equivalence for the cash balance benefit is based on IRC Section 417(e)(3) mortality for the payment year and the Section 417(e)(3) segmented interest rates for the fourth calendar month preceding the first day of the plan year of distribution.

Plan Name:	Southwest Retirement and Cash Balance Plan
EIN / PN:	34-1455141/001
Plan Sponsor:	Southwest Community Health System
Valuation Date	January 1, 2019

SCHEDULE SB ATTACHMENTS

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. Increases in the dollar limits are not assumed for funding or AFTAP purposes.

Future Plan Changes

No future plan changes were recognized in determining funding requirements. Willis Towers Watson is not aware of any future plan changes that are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Southwest Retirement and Cash Balance Plan
EIN / PN: 34-1455141/001
Plan Sponsor: Southwest Community Health System
Valuation Date January 1, 2019

SOUTHWEST RETIREMENT AND CASH BALANCE PLAN

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

EIN #34-1455141

PLAN NO: 001

December 31, 2019

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at December 31, 2019
	Total money market funds	See detail attached	\$ 2,276,306	\$ 2,276,306
	Total fixed income securities	See detail attached	40,832,828	41,654,659
	Total mutual funds, including common stocks	See detail attached	55,666,321	70,792,239
	Investments measured at NAV			
	Lighthouse Global Long/Short FD LTD CL F SHS	8,000 units	11,199,520	13,168,376
	Total investments measured at NAV		11,199,520	13,168,376
			\$ 109,974,975	\$ 127,891,580

*Indicates party-in-interest to the Plan.



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SHARES/ PAR VALUE	SECURITY DESCRIPTION	COST	PRICE	MARKET VALUE	UNREALIZED GAIN/LOSS
<u>INVESTMENTS CASH EQUIVALENTS</u>					
	GOLDMAN SACHS GOVT-FS 38141W273				
620,070.7300	RETRMNT ANCORA	620,070.73	1.0000	620,070.73	0.00
1,654,808.2800	RETRMNT PLAN	1,654,808.28	1.0000	1,654,808.28	0.00
1,426.7300	RETRMNT MUT FUNDS	1,426.73	1.0000	1,426.73	0.00
2,276,305.7400		2,276,305.74		2,276,305.74	0.00
TOTAL INVESTMENTS CASH EQUIVALENTS		2,276,305.74		2,276,305.74	0.00
<u>INVESTMENTS FIXED INCOME SECURITIES</u>					
	AMERICAN EXPRESS CREDIT CORP 3.300% 05/03/2027 DD 05/03/17 0258M0EL9				
1,000,000.0000	RETRMNT ANCORA	985,530.00	106.2320	1,062,320.00	76,790.00
	APPLE INC 3.450% 05/06/2024 DD 05/06/14 037833AS9				
500,000.0000	RETRMNT ANCORA	505,135.00	106.2040	531,020.00	25,885.00
	CABOT CORP 7.280% 10/21/2027 DD 10/21/97 12705QAU9				
50,000.0000	RETRMNT ANCORA	50,740.50	116.9820	58,491.00	7,750.50



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
615,000.0000	ENTERGY GULF STATES LOUISIANA 5.590% 10/01/2024 DD 10/02/09 29365PAP7 RETRMNT ANCORA	689,507.25	114.7580	705,761.70	16,254.45
1,000,000.0000	ESTEE LAUDER COS INC/THE 3.150% 03/15/2027 DD 02/09/17 29736RAJ9 RETRMNT ANCORA	998,330.00	105.6240	1,056,240.00	57,910.00
500,000.0000	FREMF 2013-K25 MORT K25 B 144A VAR RT 11/25/2045 DD 02/01/13 30261NAE0 RETRMNT ANCORA	514,921.88	102.2880	511,440.00	3,481.88-
141.5330	FHLMC POOL #C0-0550 7.500% 09/01/2027 DD 09/01/97 31292GTF3 RETRMNT ANCORA	144.35	112.2970	158.94	14.59
1,000,000.0000	FEDERAL HOME LN BK CONS BD 1.950% 09/30/2024 DD 09/30/16 3130A9M57 RETRMNT ANCORA	936,590.00	99.5760	995,760.00	59,170.00
1,500,000.0000	FEDERAL HOME LN BK CONS BD 2.250% 10/27/2026 DD 10/27/16 3130A9RV5 RETRMNT ANCORA	1,465,650.00	98.6120	1,479,180.00	13,530.00



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
1,000,000.0000	FEDERAL FARM CR BK CONS BD 2.140% 11/21/2024 DD 11/21/16 3133EGH99 RETRMNT ANCORA	991,500.00	99.4640	994,640.00	3,140.00
1,000,000.0000	FEDERAL FARM CR BK CONS BD 2.500% 11/20/2025 DD 11/20/17 3133EHU35 RETRMNT ANCORA	981,700.00	103.5870	1,035,870.00	54,170.00
1,272.8840	FNMA GTD REMIC P/T 93-23 PZ 7.500% 03/25/2023 DD 03/01/93 31358T5U9 RETRMNT ANCORA	1,264.11	104.9630	1,336.06	71.95
121,043.2270	FNMA GTD REMIC P/T 13-12 UA 2.500% 09/25/2042 DD 01/01/13 3136ABWQ2 RETRMNT ANCORA	125,809.32	101.4930	122,850.40	2,958.92-
559,516.5800	FNMA GTD REMIC P/T 13-6 LD 2.000% 02/25/2043 DD 01/01/13 3136ABZ22 RETRMNT ANCORA	561,702.20	98.9260	553,507.37	8,194.83-
464,413.4800	FNMA GTD REMIC P/T 13-20 CA 2.500% 01/25/2043 DD 02/01/13 3136ACWN7 RETRMNT ANCORA	473,756.18	100.7830	468,049.84	5,706.34-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
348,522.6860	FNMA GTD REMIC P/T 13-37 JA 1.750% 06/25/2042 DD 03/01/13 3136AC6U0 RETRMNT ANCORA	347,760.30	99.5130	346,825.38	934.92-
181,646.1500	FNMA GTD REMIC P/T 13-34 PA 2.000% 08/25/2042 DD 03/01/13 3136ADQL6 RETRMNT ANCORA	184,370.78	99.2790	180,336.48	4,034.30-
463,402.9620	FNMA GTD REMIC P/T 13-87 GD 3.000% 06/25/2043 DD 07/01/13 3136AFYS7 RETRMNT ANCORA	475,712.07	102.9360	477,008.47	1,296.40
355,000.0000	FNMA GTD REMIC P/T 13-111 PL 2.000% 12/25/2042 DD 10/01/13 3136AG5B4 RETRMNT ANCORA	349,231.25	97.2300	345,166.50	4,064.75-
650,544.1500	FNMA GTD REMIC P/T 15-55 C 3.000% 07/25/2041 DD 07/01/15 3136APC67 RETRMNT ANCORA	679,284.97	102.0940	664,166.54	15,118.43-
443,860.4700	FNMA GTD REMIC P/T 15-67 AC 3.000% 06/25/2044 DD 08/01/15 3136AP5P3 RETRMNT ANCORA	462,932.60	102.3310	454,206.86	8,725.74-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
493,735.2160	FNMA GTD REMIC P/T 15-71 GC 3.000% 04/25/2044 DD 09/01/15 3136AQEX4 RETRMNT ANCORA	476,223.08	101.6120	501,694.23	25,471.15
1,400,000.0000	FNMA GTD REMIC P/T 16-34 VB 3.000% 09/25/2036 DD 05/01/16 3136ASSU1 RETRMNT ANCORA	1,400,218.75	100.6400	1,408,960.00	8,741.25
662,111.6300	FNMA GTD REMIC P/T 16-49 PA 3.000% 09/25/2045 DD 07/01/16 3136ATJR6 RETRMNT ANCORA	680,318.01	102.7580	680,372.67	54.66
745,079.4200	FNMA GTD REMIC P/T 16-92 A 3.000% 04/25/2042 DD 11/01/16 3136AUSM4 RETRMNT ANCORA	753,577.98	102.0600	760,428.06	6,850.08
659,656.5210	FNMA GTD REMIC P/T 16-104 QC 3.000% 05/25/2046 DD 12/01/16 3136AUU82 RETRMNT ANCORA	672,952.78	103.0010	679,452.81	6,500.03
735,382.7600	FNMA GTD REMIC P/T 17-79 AB 3.000% 09/25/2043 DD 09/01/17 3136AYJD6 RETRMNT ANCORA	746,040.04	101.1400	743,766.12	2,273.92-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
88,344.5100	FNMA GTD REMIC P/T 12-44 LA 3.500% 09/25/2040 DD 04/01/12 3136A5D60 RETRMNT ANCORA	93,217.19	102.3220	90,395.87	2,821.32-
116,198.0350	FNMA GTD REMIC P/T 12-99 AC 2.000% 05/25/2039 DD 08/01/12 3136A8XD7 RETRMNT ANCORA	117,164.76	99.8920	116,072.54	1,092.22-
244,339.7740	FHLMC MULTICLASS MTG 3962 KD 3.000% 10/15/2026 DD 11/01/11 3137AJJZ8 RETRMNT ANCORA	253,349.88	102.8670	251,345.00	2,004.88-
164,401.4780	FHLMC MULTICLASS MTG 4028 NP 3.500% 02/15/2032 DD 04/01/12 3137APCZ1 RETRMNT ANCORA	170,258.29	101.6200	167,064.78	3,193.51-
136,693.1500	FHLMC MULTICLASS MTG 4047 PG 3.000% 12/15/2037 DD 05/01/12 3137AQS6 RETRMNT ANCORA	140,772.59	100.4420	137,297.33	3,475.26-
159,873.7700	FHLMC MULTICLASS MTG 4119 PA 1.500% 09/15/2041 DD 10/01/12 3137AUVJ5 RETRMNT ANCORA	160,723.06	97.5680	155,985.64	4,737.42-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
846,190.9530	FHLMC MULTICLASS MTG 4121 AV 3.000% 12/15/2035 DD 10/01/12 3137AV4D6 RETRMNT ANCORA	826,093.90	101.6240	859,933.09	33,839.19
274,391.5400	FHLMC MULTICLASS MTG 3.000% 06/15/2040 DD 06/01/14 3137BBN97 RETRMNT ANCORA	284,423.99	101.7810	279,278.45	5,145.54-
488,476.5660	FHLMC MULTICLASS MTG 4366 GA 3.000% 03/15/2040 DD 07/01/14 3137BCBE7 RETRMNT ANCORA	508,473.59	101.8100	497,317.99	11,155.60-
784,220.1270	FHLMC MULTICLASS MTG 4444 CH 3.000% 01/15/2041 DD 02/01/15 3137BGJD2 RETRMNT ANCORA	814,569.28	102.0790	800,524.06	14,045.22-
612,681.0400	FHLMC MULTICLASS MTG 4569 A 2.500% 11/15/2040 DD 04/01/16 3137BNZ80 RETRMNT ANCORA	629,529.77	100.7580	617,325.16	12,204.61-
603,193.1600	FHLMC MULTICLASS MTG 4609 KA 3.000% 01/15/2046 DD 08/01/16 3137BRCY9 RETRMNT ANCORA	633,164.32	103.0370	621,512.14	11,652.18-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
678,787.3400	FHLMC MULTICLASS MTG 4608 HA 2.500% 06/15/2041 DD 08/01/16 3137BR6T7 RETRMNT ANCORA	696,950.21	100.9920	685,520.91	11,429.30-
117,425.9400	FHLMC MULTICLASS MTG 4247 EU 3.000% 03/15/2032 DD 09/01/13 3137B4HM1 RETRMNT ANCORA	121,609.21	101.5760	119,276.57	2,332.64-
56,096.2830	FHLMC MULTICLASS MTG 4273 GM 3.000% 12/15/2041 DD 11/01/13 3137B64N8 RETRMNT ANCORA	57,814.22	102.1220	57,286.65	527.57-
838,146.4650	FHLMC MULTICLASS MTG 4735 MA 3.000% 08/15/2045 DD 11/01/17 3137FCAD6 RETRMNT ANCORA	823,675.36	102.0850	855,621.82	31,946.46
445,712.4770	FHLMC MULTICLASS MTG 4776 VY 4.000% 01/15/2031 DD 03/01/18 3137F4S52 RETRMNT ANCORA	452,955.31	107.5100	479,185.48	26,230.17
17,960.8200	FHLMC MULTICLASS MTG 3726 KD 3.000% 04/15/2025 DD 09/01/10 3137GAA72 RETRMNT ANCORA	18,227.40	100.8000	18,104.51	122.89-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
986,211.2200	FNMA POOL #0AM8117 2.530% 03/01/2025 DD 03/01/15 3138L9AT9 RETRMNT ANCORA	1,011,636.99	101.7110	1,003,085.29	8,551.70-
11,487.3490	FNMA GTD REMIC P/T 03-63 PE 3.500% 07/25/2033 DD 06/01/03 31393DQZ7 RETRMNT ANCORA	10,584.47	102.9650	11,827.95	1,243.48
31,126.5150	FHLMC MULTICLASS MTG 2716 UN 4.500% 12/15/2023 DD 12/01/03 31394MNE6 RETRMNT ANCORA	31,612.83	102.8610	32,017.04	404.21
5,492.9180	FHLMC MULTICLASS MTG 2942 DH 4.500% 03/15/2020 DD 03/01/05 31395PHG0 RETRMNT ANCORA	5,575.31	100.0200	5,494.02	81.29-
92,164.7750	FNMA GTD REMIC P/T 11-40 KA 3.500% 03/25/2026 DD 04/01/11 31397SXM1 RETRMNT ANCORA	93,201.50	103.9840	95,836.62	2,635.12
50,067.7450	FNMA GTD REMIC P/T 10-102 DE 3.000% 06/25/2029 DD 08/01/10 31398NBS2 RETRMNT ANCORA	52,133.02	100.7530	50,444.76	1,688.26-



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
11,350.6210	FNMA POOL #0787578 6.000% 07/01/2035 DD 07/01/05 31405E6P5 RETRMNT ANCORA	11,636.15	114.6190	13,009.97	1,373.82
11,038.8470	FNMA POOL #0819297 6.000% 09/01/2035 DD 08/01/05 31406TGE5 RETRMNT ANCORA	11,311.34	114.5460	12,644.56	1,333.22
10,642.3470	FNMA POOL #0995880 4.000% 06/01/2024 DD 06/01/09 31416CJZ0 RETRMNT ANCORA	11,164.50	104.2820	11,098.05	66.45-
7,644.7540	FNMA POOL #0MA0598 3.500% 12/01/2020 DD 11/01/10 31417YUY1 RETRMNT ANCORA	7,960.10	103.5710	7,917.75	42.35-
1,793.9250	GNMA POOL #0436582 8.000% 12/15/2026 DD 12/01/96 36207M6T8 RETRMNT ANCORA	1,842.20	109.6760	1,967.51	125.31
149.3830	GNMA POOL #0437116 8.000% 12/15/2026 DD 12/01/96 36207NSD7 RETRMNT ANCORA	152.90	108.8800	162.65	9.75



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
5.2170	GNMA POOL #0780049 9.500% 11/15/2021 DD 01/01/95 36225ABS8 RETRMNT ANCORA	5.70	100.2890	5.23	0.47-
16.8770	GNMA POOL #0780118 9.500% 08/15/2021 DD 04/01/95 36225ADX5 RETRMNT ANCORA	18.21	100.9420	17.04	1.17-
189.4380	GNMA POOL #0780497 8.000% 01/15/2027 DD 01/01/97 36225ARS1 RETRMNT ANCORA	196.78	114.0030	215.97	19.19
750,000.0000	GILEAD SCIENCES INC 3.700% 04/01/2024 DD 03/07/14 375558AW3 RETRMNT ANCORA	767,145.00	106.0530	795,397.50	28,252.50
4,445.4950	GNMA GTD REMIC P/T 03-85 PD 4.000% 03/20/2033 DD 10/01/03 38374C5H0 RETRMNT ANCORA	4,433.69	100.6850	4,475.95	42.26
20,717.3000	GNMA GTD REMIC P/T 09-47 DU 3.500% 06/16/2039 DD 06/01/09 38374T7A6 RETRMNT ANCORA	20,714.03	103.4310	21,428.11	714.08



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SOUTHWEST RETIREMENT
TOTAL COMBINED

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
6,238.1960	GNMA GTD REMIC P/T 09-101 L 4.000% 10/20/2038 DD 11/01/09 38376JQK3 RETRMNT ANCORA	6,548.16	100.3250	6,258.47	289.69-
1,000,000.0000	HOME DEPOT INC/THE 2.125% 09/15/2026 DD 09/15/16 437076BN1 RETRMNT ANCORA	972,750.00	99.9540	999,540.00	26,790.00
14,126.2370	IMC HOME EQUITY LOAN TRUS 5 M2 7.310% 11/20/2028 DD 09/01/97 449670DH8 RETRMNT ANCORA	13,278.58	97.4880	13,771.39	492.81
1,000,000.0000	INTERNATIONAL BUSINESS MACHINE 3.450% 02/19/2026 DD 02/19/16 459200JG7 RETRMNT ANCORA	1,022,560.00	106.6750	1,066,750.00	44,190.00
26,026.3250	JP MORGAN MORTGAGE TR ALT1 4A1 VAR RT 10/25/2035 DD 09/01/05 466247XN8 RETRMNT ANCORA	27,071.02	92.9000	24,178.46	2,892.56-
698,000.0000	JOHNSON CONTROLS INTERNATIONAL STEP 07/02/2024 DD 07/02/2016 478375AG3 RETRMNT ANCORA	674,079.54	104.4000	728,712.00	54,632.46



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SOUTHWEST RETIREMENT
TOTAL COMBINED

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
750,000.0000	MARSH & MCLENNAN COS INC 3.500% 06/03/2024 DD 05/30/14 571748AV4 RETRMNT ANCORA	760,515.00	105.0550	787,912.50	27,397.50
800,000.0000	PNC FINANCIAL SERVICES GROUP I 3.900% 04/29/2024 DD 04/28/14 693475AP0 RETRMNT ANCORA	810,976.00	106.4100	851,280.00	40,304.00
1,000,000.0000	PRECISION CASTPARTS CORP 3.250% 06/15/2025 DD 06/10/15 740189AM7 RETRMNT ANCORA	1,038,960.00	105.5940	1,055,940.00	16,980.00
1,000,000.0000	ROSS STORES INC 3.375% 09/15/2024 DD 09/18/14 778296AA1 RETRMNT ANCORA	1,025,810.00	104.4450	1,044,450.00	18,640.00
1,000,000.0000	SIMON PROPERTY GROUP LP 3.250% 11/30/2026 DD 11/23/16 828807CY1 RETRMNT ANCORA	961,440.00	105.2550	1,052,550.00	91,110.00
1,000,000.0000	JM SMUCKER CO/THE 3.500% 03/15/2025 DD 09/15/15 832696AK4 RETRMNT ANCORA	988,150.00	105.2620	1,052,620.00	64,470.00



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SOUTHWEST RETIREMENT
TOTAL COMBINED

<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
775,000.0000	STANLEY BLACK & DECKER INC 3.400% 03/01/2026 DD 03/01/19 854502AK7 RETRMNT ANCORA	811,665.25	105.7570	819,616.75	7,951.50
1,000,000.0000	TD AMERITRADE HOLDING CORP 2.750% 10/01/2029 DD 08/16/19 87236YAJ7 RETRMNT ANCORA	1,008,140.00	100.0650	1,000,650.00	7,490.00-
2,750,000.0000	U S TREASURY NOTE 1.625% 08/15/2029 DD 08/15/19 912828YB0 RETRMNT ANCORA	2,733,300.79	97.4960	2,681,140.00	52,160.79-
1,000,000.0000	U S TREASURY NOTE 2.625% 02/15/2029 DD 02/15/19 9128286B1 RETRMNT ANCORA	999,843.76	106.0550	1,060,550.00	60,706.24
1,000,000.0000	WELLS FARGO & CO 3.000% 04/22/2026 DD 04/22/16 949746RW3 RETRMNT ANCORA	989,940.00	102.8690	1,028,690.00	38,750.00
655,000.0000	EVERGY KANSAS CENTRAL INC 3.250% 12/01/2025 DD 11/13/15 95709TAL4 RETRMNT ANCORA	632,599.00	104.5720	684,946.60	52,347.60
TOTAL INVESTMENTS FIXED INCOME SECURITIES		40,832,827.55		41,654,659.56	821,832.01



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<u>SHARES/ PAR VALUE</u>	<u>SECURITY DESCRIPTION</u>	<u>COST</u>	<u>PRICE</u>	<u>MARKET VALUE</u>	<u>UNREALIZED GAIN/LOSS</u>
<u>INVESTMENTS EQUITY</u>					
233,284.0360	ARTISAN INTERNATIONAL-INST 04314H402 RETRMNT MUT FUNDS	5,460,192.78	33.4200	7,796,352.48	2,336,159.70
304,636.9640	DFA EMERG MKTS CORE EQTY-I 233203421 RETRMNT MUT FUNDS	6,260,940.78	21.7700	6,631,946.71	371,005.93
192,500.4140	HARBOR INTERNATIONAL-INST 411511306 RETRMNT MUT FUNDS	8,559,772.04	40.0800	7,715,416.59	844,355.45-
488,189.0140	VANGUARD DEV MKT INDX-INST 921943882 RETRMNT MUT FUNDS	6,992,098.74	14.1600	6,912,756.44	79,342.30-
123,077.1790	VANGUARD INST INDEX-INST 922040100 RETRMNT MUT FUNDS	22,908,109.30	290.2300	35,720,689.66	12,812,580.36
75,785.2760	VANGUARD SML CAP INDX-INST 922908876 RETRMNT MUT FUNDS	5,485,207.15	79.3700	6,015,077.36	529,870.21
TOTAL INVESTMENTS EQUITY		55,666,320.79		70,792,239.24	15,125,918.45

INVESTMENTS ALTERNATIVE INVESTMENTS

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2019

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
Shortfall	01/01/2019	3,934,554	7.00000	3,934,554	639,317
Shortfall	01/01/2018	1,236,148	6.00000	1,094,335	201,801
Shortfall	01/01/2017	(70,147)	5.00000	(53,589)	(11,519)
Shortfall	01/01/2016	599,858	4.00000	375,516	99,111
Total				5,350,816	928,710

Plan Name: Southwest Retirement and Cash Balance Plan
EIN / PN: 34-1455141/001
Plan Sponsor: Southwest Community Health System
Valuation Date: January 1, 2019