

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information —enter all requested information			
1a Name of plan <u>SWEDISH HEALTH SERVICES RETIREE PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>002</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>SWEDISH HEALTH SERVICES</u> <u>2001 LIND AVE SW</u> <u>RENTON, WA 98057</u>	1c Effective date of plan	<u>01/01/2018</u>	
<u>2001 LIND AVE SW</u> <u>RENTON, WA 98057</u>	2b Employer Identification Number (EIN)	<u>91-0433740</u>	
<u>2001 LIND AVE SW</u> <u>RENTON, WA 98057</u>	2c Plan Sponsor's telephone number	<u>888-687-3753</u>	
<u>2001 LIND AVE SW</u> <u>RENTON, WA 98057</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.	10/13/2021	REBECCA BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2021	REBECCA BROWN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	1180
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	
a(2) Total number of active participants at the end of the plan year		6a(2)	
b Retired or separated participants receiving benefits.....		6b	1067
c Other retired or separated participants entitled to future benefits		6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1067
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	72
f Total. Add lines 6d and 6e		6f	1139
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
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 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	
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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
► 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 SWEDISH HEALTH SERVICES RETIREE PENSION PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SWEDISH HEALTH SERVICES	D Employer Identification Number (EIN) 91-0433740
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	163241202	
b	Actuarial value	2b	157301036	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	1180	126317657	126317657
b	For terminated vested participants	0	0	0
c	For active participants	0	0	0
d	Total	1180	126317657	126317657
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). <input type="checkbox"/>			
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	5.12 %	
6	Target normal cost	6	298000	

Statement by Enrolled Actuary	
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary	09/24/2021
CASEY B BALDWIN	Date
Type or print name of actuary	20-07162
MILLIMAN, INC.	Most recent enrollment number
Firm name	503-227-0634
1455 SW BROADWAY., SUITE 1600 PORTLAND, OR 97201	Telephone number (including area code)
Address of the firm	

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>21.57</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)		0
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>5.28</u> %		0
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		0
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	124.52 %
15 Adjusted funding target attainment percentage	15	124.52 %
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	122.49 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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	298000	
b Excess assets, if applicable, but not greater than line 31a	31b	298000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

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	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>SWEDISH HEALTH SERVICES RETIREE PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SWEDISH HEALTH SERVICES</u>	D Employer Identification Number (EIN) <u>91-0433740</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other		1b(3)	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)		1c(1)	
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other.....		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans		1c(8)	
(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)	163273369169875085
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other.....		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	163273369	169875085

Liabilities

g Benefit claims payable	1g	32167	20325
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	32167	20325

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	163241202	169854760
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Part II Income and Expense Statement

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

Income

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		19478544
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19478544

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	12274665	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		12274665
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)	92510	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	399293	
(4) Other.....	2i(4)	98518	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		590321
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		12864986

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6613558
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KPMG LLP**

(2) EIN: **13-5565207**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		15000000
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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4304721.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan SWEDISH HEALTH SERVICES RETIREE PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 SWEDISH HEALTH SERVICES		D Employer Identification Number (EIN) 91-0433740
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): 36-1561860		
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 0
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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2020 v. 200204		

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 45.0 % Investment-Grade Debt: 33.0 % High-Yield Debt: 0.0 % Real Estate: 5.0 % Other: 17.0 %

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 _____



SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Financial Statements

December 31, 2020 and 2019

(With Independent Auditors' Report Thereon)

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

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KPMG LLP
Suite 2900
1918 Eighth Avenue
Seattle, WA 98101

Independent Auditors' Report

Western HealthConnect Total Rewards Management Committee
Swedish Health Services Retiree Pension Plan:

We were engaged to audit the accompanying financial statements of the Swedish Health Services Retiree Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, 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 U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' 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 (DOL) 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 3, which was certified by Northern Trust Company of Chicago, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2020 and 2019, and for the years then ended, 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.

KPMG LLP

Seattle, Washington
June 11, 2021

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Statements of Net Assets Available for Benefits

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Assets:		
Investments, at fair value:		
Investment in the Master Trust	\$ <u>169,875,085</u>	<u>163,273,369</u>
Total investments, at fair value	<u>169,875,085</u>	<u>163,273,369</u>
Total assets	<u>169,875,085</u>	<u>163,273,369</u>
Liabilities:		
Accrued expenses	<u>20,325</u>	<u>32,167</u>
Total liabilities	<u>20,325</u>	<u>32,167</u>
Net assets available for benefits	\$ <u><u>169,854,760</u></u>	<u><u>163,241,202</u></u>

See accompanying notes to financial statements.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Investment income related to the Master Trust	\$ 19,478,544	30,364,601
Benefit payments	(12,274,665)	(12,457,877)
Expenses	<u>(590,321)</u>	<u>(484,323)</u>
Net increase in net assets available for benefits	6,613,558	17,422,401
Net assets available for benefits at beginning of year	<u>163,241,202</u>	<u>145,818,801</u>
Net assets available for benefits at end of year	<u>\$ 169,854,760</u>	<u>163,241,202</u>

See accompanying notes to financial statements.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

(1) Plan Description

The following description of the Swedish Health Services Retiree Pension Plan (the Plan) provides only general information. Reference should be made to the plan document for a more complete description of the Plan's provisions.

(a) General

The Plan was established effective January 1, 2018, and is a defined benefit, noncontributory plan for certain former employees and beneficiaries of former employees of Swedish Health Services (Swedish) who were receiving benefits under the Swedish Pension Plan (the Prior Plan) as of December 31, 2017. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). In 2018, an asset in the amount of \$171,080,000 for the benefits of approximately 1,100 retirees was moved into the Plan, along with \$119,681,482 of the Plan's liabilities.

On February 1, 2012, Providence Health & Services (Providence) and Swedish effected an affiliation agreement, which integrated the operations of the two health systems. Providence and Swedish have affiliated to create a fully integrated, nonprofit, charitable healthcare system serving the communities throughout Western Washington.

(b) Eligibility

Participation in the Plan is limited to non-union Swedish employees who began receiving benefits under the Prior Plan prior to January 1, 2015. No employee hired or re-employed by Swedish or any affiliate on or after January 1, 2018, is eligible to earn additional benefits under the Plan.

Effective January 1, 2007, the Prior Plan was closed to new participants. Prior to January 1, 2007, employees of Swedish became eligible for participation upon completion of at least 500 hours during a calendar year of service with Swedish.

(c) Vesting

Participants are fully vested after completion of five years of service with Swedish or upon reaching normal retirement age while employed by Swedish.

(d) Contributions and Funding Policy

Swedish makes all contributions to the Plan and, at a minimum, funds pension costs in such amounts as required by ERISA. Swedish intends to continue to do so indefinitely; however, it reserves the right to amend, suspend, or terminate the Plan at any time. Contributions are based on actuarial determinations, as discussed in note 2(f). Under current regulations, any contributions made within eight and one half months of the end of a plan year may be applied to the minimum funding requirement of the previous year.

For the years ended December 31, 2020, and 2019, no contributions were required as the Plan met the minimum funding requirements of ERISA.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

(e) Benefits

The Plan provides for pension benefits based on the monthly accrued benefit earned for each year of service as defined under the Plan, calculated as a percentage of participant's base compensation plus a percentage of base compensation in excess of covered compensation for each year of service. The Plan provides for early retirement provisions in certain circumstances.

Under the Prior Plan, effective December 31, 2009, a nonunion participant's accrued benefit earned excludes all earnings after the later of December 31, 2009 and the date on which such participant becomes a nonunion participant. A nonunion participant is any employee who is not included in a unit of employees covered by a collective bargaining agreement between the employer and the employee representatives, provided, however, that an employee who is not a member of such unit due to an interim transfer of job position occurring on or after January 1, 2010 will not be a nonunion participant unless and until such transfer becomes permanent. Effective January 1, 2010, nonunion employees are eligible to participate in the Swedish Health Services 401(k) plan.

Benefit payments are paid monthly upon retirement as a life annuity or joint and survivor annuity. The normal retirement age is 65 for participants born prior to 1938; age 66 for participants born between 1938 and 1954; and age 67 for participants born after 1954. Under certain circumstances, participants may be allowed to elect certain other forms of payment, including 15% and 100% lump-sum options and a social security adjustment option. At the time of a vested participant's death prior to receiving benefits, a spouse is eligible to receive a survivor benefit from the Plan provided the participant had been married for at least one year.

(f) Plan Termination

Swedish reserves the right to discontinue contributions and terminate the Plan. If the Plan terminates, the assets shall be used to pay benefits to the extent funded, had the participants retired as of the date of termination. Benefits are first paid to participants currently receiving benefits or receiving benefits during the three years before plan termination, followed by benefits guaranteed by the Pension Benefit Guaranty Corporation (the PBGC), and finally other vested and accrued benefits. Should plan assets be insufficient, certain benefits would be paid under the direction of the PBGC.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

(g) Tax Status

A determination letter was obtained under the prior plan, Swedish Health Services Pension Plan, on August 24, 2017 from the Internal Revenue Service (IRS) stating that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The IRS determination letter program was subsequently modified such that the Swedish Retiree Pension Plan is no longer eligible to apply for a determination letter. The plan administrator believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the Code. Therefore, the plan administrator believes that the Plan is qualified and the related trust is tax exempt as of the financial statement date. Accordingly, no provision for income taxes has been made.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2020, 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 audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(h) Plan Administration

The Plan is administered by the Western HealthConnect Total Rewards Management Committee.

(i) Master Trust

The Plan is part of the Providence Health & Services and Swedish Health Services Master Retirement Trust (the Trust). Pavilion, a Mercer Practice, the investment advisor, provides investment management and other services. Northern Trust Company of Chicago (Northern Trust) is the custodian and trustee for trust assets.

(j) Administrative and Investment Expenses

At the employer's discretion and in accordance with the plan document, certain expenses of the Plan have been paid directly by Swedish; certain administrative expenses, including audit fees, actuarial fees, and investment manager fees are charged to the Plan.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual amounts could differ from those estimates.

(c) Investment Valuation and Income Recognition

The Plan's investment in the Trust is valued based on the Plan's interest in the underlying trust assets. The Trust's net investment income, gains, and losses are allocated to the Plan based on the Plan's interest in the underlying assets. The Trust invests in equity securities, mutual funds, fixed-income securities, commingled funds, hedge funds, and certain other assets.

(d) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

(e) *Risks and Uncertainties*

The Plan's investments are exposed to certain risks, such as interest rate, market, and credit risks. Due to the level of risk associated with the Plan's investments, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

Plan contributions are determined, 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 process, it is at least reasonably possible that changes in these estimates and assumptions will occur in the near term and that such changes could materially affect the accompanying financial statements.

(f) *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits 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, or withdrawal, between the valuation date and the expected date of payment.

Benefits under the Plan for retired or terminated employees are based on the employee's compensation during his or her years of credited service. Accumulated plan benefits for each participant are based on service to date as a portion of expected service at retirement as of the valuation date. Benefits payable under all circumstances (retirement, disability, death, and termination of employment) are included to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2020 and 2019 was as follows:

	<u>2020</u>	<u>2019</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits of participants currently receiving benefits	\$ 106,476,043	108,856,415
Other vested benefits	<u>—</u>	<u>—</u>
Total vested benefits	106,476,043	108,856,415
Nonvested benefits	<u>—</u>	<u>—</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 106,476,043</u>	<u>108,856,415</u>

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

The changes in the actuarial present value of accumulated plan benefits during the years ended December 31, 2020 and 2019 were as follows:

	<u>2020</u>	<u>2019</u>
Changes in present value of accumulated plan benefits:		
Actuarial present value of accumulated plan benefits, beginning of year	\$ 108,856,415	114,373,563
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial gains	1,483,920	1,096,184
Benefits paid	(12,274,665)	(12,457,877)
Change in actuarial assumptions	1,637,179	(1,256,108)
Increase in present value due to decrease in discount period	<u>6,773,194</u>	<u>7,100,653</u>
Net decrease in present value of accumulated plan benefits	<u>(2,380,372)</u>	<u>(5,517,148)</u>
Actuarial present value of accumulated plan benefits, end of year	\$ <u>106,476,043</u>	<u>108,856,415</u>

The significant assumptions underlying the actuarial computations were as follows as of December 31, 2020:

Actuarial cost method	Unit Credit Actuarial Cost Method
Investment earnings	6.25% compounded annually, net of investment expense
Mortality basis	PRI-2012 Blue Collar Mortality Tables adjusted to reflect Mortality Improvement Scale MP-2020 without modification

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

Changes in actuarial assumptions since the prior year valuation for the year ended December 31, 2020 included:

- The mortality assumption used as of December 31, 2020 was a Pri-2012 Blue Collar Mortality Tables adjusted to reflect Mortality Improvement Scale MP-2019.
- The discount rate was decreased from 6.50% to 6.25%.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

Changes in actuarial assumptions since the prior year valuation for the year ended December 31, 2019 included:

- The mortality assumption used as of December 31, 2019 was a modified version of Scale MP-2018 to the Pri-2012 Blue Collar Mortality Tables adjusted to reflect a modified version of Mortality Improvement Scale MP-2019.

(3) Information Provided and Certified by the Trustee and Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the following information included in the accompanying financial statements and notes was obtained from data that was prepared and certified to as complete and accurate by the trustee and has not been audited by the Plan's independent auditors, except for the investments in AQR Capital Management, Bridgewater Associates, Select Equity Group, and Harvest Fund Advisors (2019 only), that totaled \$126,908,462 and \$161,568,587 (of which \$19,620,155 and \$27,121,426 is related to the Plan), as of December 31, 2020 and 2019, as held within the Trust:

- Investment in Master Trust
- Investment income related to the Master Trust
- Investments and investment income information at both the master trust and plan level included in note 5, excluding the fair value hierarchy

(4) Party-in-Interest and Related-Party Transactions

The Trust investments are managed by Northern Trust, and therefore, these transactions qualify as party-in-interest transactions.

Swedish is the sponsor and administrator of the Plan and paid all expenses of the Plan, prior to their reimbursement by the Plan, during the year ended December 31, 2020, except for fees charged by the trustee.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

(5) Master Trust

Summary of Trust Financial Information

The following table represents the net assets of the Trust and the Plan as of December 31, 2020 and 2019:

	Master Trust		Plan	
	2020	2019	2020	2019
Assets:				
Cash and cash equivalents	\$ 44,730,769	37,744,485	7,477,619	5,453,447
Investments	1,179,187,927	1,043,253,273	182,303,449	175,123,871
Receivables:				
Pending sales	9,599,941	35,217,900	1,484,159	5,911,791
Accrued interest and dividends	2,868,739	2,793,199	443,509	468,875
Total receivables	12,468,680	38,011,099	1,927,668	6,380,666
Total assets	1,236,387,376	1,119,008,857	191,708,736	186,957,984
Liabilities:				
Pending purchases	141,226,008	141,094,713	21,833,651	23,684,615
Total liabilities	141,226,008	141,094,713	21,833,651	23,684,615
Net assets of the Trust	\$ 1,095,161,368	977,914,144	169,875,085	163,273,369

The following table represents the changes in net assets of the Trust and the Plan for the years ended December 31, 2020 and 2019:

	Master Trust		Plan	
	2020	2019	2020	2019
Investment income:				
Dividend and interest income	\$ 17,382,716	21,390,352	2,817,653	3,590,654
Net appreciation in fair value of investments	105,405,585	153,945,194	16,660,891	26,773,947
Net investment income	\$ 122,788,301	175,335,546	19,478,544	30,364,601

The Trust's net investment income, gains, and losses are allocated to the Plan based on the Plan's interest in the underlying assets.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

Fair Value Measurements

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC Topic 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Trust 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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

The following is a description of the valuation methodologies used by the Trust for assets measured at fair value at December 31, 2020.

Cash and cash equivalents – Funds that can be converted into cash immediately and are valued using quoted prices. This includes bank accounts, money market accounts, petty cash, and short-term highly liquid investments with a maturity of three months or less, such as U.S. Treasury bills and commercial paper.

Equity securities and mutual funds – Valued at the closing price reported on the active market on which the individual securities are traded. International investments that are not actively traded are valued using quoted market prices for similar instruments or independent pricing models.

Domestic and foreign debt securities – Debt securities classified within Level 1 of the hierarchy are valued using prices quoted in active markets for those securities. Debt securities classified within Level 2 of the hierarchy are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

Commingled funds – Valued using the net asset value (NAV) as readily determinable fair value, as represented by the quoted market prices of the underlying investments.

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 and minimize the use of unobservable inputs.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

The following table sets forth by level, within the fair value hierarchy, the Trust's and the Plan's assets at fair value as of December 31, 2020:

	Plan total	Total	Master Trust		
			Investments at estimated fair value		
			Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 7,477,619	44,730,769	44,730,769	—	—
Equity securities:					
Domestic	32,156,642	207,997,844	207,997,844	—	—
Foreign	12,752,020	82,483,506	82,483,506	—	—
Mutual funds	20,832,426	134,749,753	134,749,753	—	—
Domestic debt securities:					
State and government	39,063,717	252,674,666	227,459,952	25,214,714	—
Corporate	14,791,412	95,674,849	—	95,674,849	—
Other	1,526,867	9,876,189	—	9,876,189	—
Foreign debt securities	4,248,029	27,477,401	—	27,477,401	—
Commingled funds	14,299,027	92,489,966	92,489,966	—	—
Investments measured using NAV	42,633,309	275,763,753			
Total	\$ 189,781,068	1,223,918,696			

The following table sets forth by level, within the fair value hierarchy, the Trust's and the Plan's assets at fair value as of December 31, 2019:

	Plan total	Total	Master Trust		
			Investments at estimated fair value		
			Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 5,453,447	37,744,485	37,744,485	—	—
Equity securities:					
Domestic	28,139,865	167,635,663	167,635,663	—	—
Foreign	7,395,872	44,058,912	44,058,912	—	—
Mutual funds	12,483,859	74,369,226	74,369,226	—	—
Domestic debt securities:					
State and government	38,602,172	229,962,041	185,784,333	44,177,708	—
Corporate	12,095,504	72,055,703	—	72,055,703	—
Other	1,360,995	8,107,758	—	8,107,758	—
Foreign debt securities	4,494,901	26,777,164	—	26,777,164	—
Commingled funds	14,593,764	86,938,421	86,938,421	—	—
Investments measured using NAV	55,956,939	333,348,385			
Total	\$ 180,577,318	1,080,997,758			

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

The Trust participates in various funds that are not actively marketed on an open exchange. These investments consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. Due to the nature of these funds, the NAV per share, or its equivalent, reported by each fund manager, is used as a practical expedient to estimate the fair value of the Trust's interest therein. Management believes that the carrying amounts of these financial instruments, provided by the fund managers, are reasonable estimates of fair value.

The following table presents information for investments where the NAV was used as a practical expedient to measure fair value at December 31:

	<u>2020</u>	<u>2019</u>	<u>Redemption frequency</u>	<u>Redemption notice period</u>	<u>Lock up provisions</u>
Commingled funds:					
Equities:					
Kiltearn Partners	\$ —	49,210,467	Monthly	6 days	None
Select Equity Group (Baxter Street Offshore LTD)	39,808,564	34,196,908	Monthly	30 days	None
Oaktree Capital Management	25,774,052	20,626,722	Monthly	10 days	None
AJO Emerging Markets	—	21,207,199	Monthly	30 days	None
Independent Franchise Partners	40,100,000	—	Bi-weekly	3 days	None
Highclere International Investors	23,380,295	21,222,964	Monthly	6 days	None
Real assets:					
Harvest Fund Advisors	798,834	44,375,672	Monthly	30 days	None
Total commingled funds	<u>129,861,745</u>	<u>190,839,932</u>			
Hedge funds:					
Risk parity:					
AQR Capital Management	43,359,073	43,028,049	Monthly	15 days	None
Bridgewater Associates	43,740,827	39,967,958	Monthly	5 days	None
Other:					
Waterfall Asset Management	27,656,565	29,019,327	Quarterly	90 days	None
Indus Japan	8,407,977	7,379,558	Monthly	30 days	One year
Lakewood Capital Fund	11,250,488	12,534,368	Quarterly	60 days	One year
Capeview Azri	11,487,078	10,579,193	Monthly	30 days	None
Total hedge funds	<u>145,902,008</u>	<u>142,508,453</u>			
Total investments measured using NAV	<u>\$ 275,763,753</u>	<u>333,348,385</u>			

The following is a summary of the nature of these investments and their associated risks:

Commingled funds describe a type of fund structure. Commingled funds consist of assets from several accounts that are blended together. Investors in commingled fund investments benefit from economies of scale, which allow for lower trading costs per dollar of investment.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

Notes to Financial Statements

December 31, 2020 and 2019

Hedge funds are portfolios of investments that use advanced investment strategies, such as leveraged, long, short, and derivative positions in both domestic and international markets, with the goal of diversifying portfolio risk and generating return.

The Trust has executed master netting arrangements with the counterparties of the futures and forwards currency purchase and sale contracts whereby the financial instruments held by the same counterparty are legally offset as the instruments are settlements. The following table presents gross investment derivative assets and liabilities as reported on a net basis at fair value.

	<u>2020</u>	<u>2019</u>
Derivative assets:		
Futures contracts	\$ 91,163,945	69,556,172
Foreign currency forwards and other contracts	<u>1,339,797</u>	<u>1,116,619</u>
Total derivative assets	<u>\$ 92,503,742</u>	<u>70,672,791</u>
Derivative liabilities:		
Futures contracts	\$ (91,163,945)	(69,556,172)
Foreign currency forwards and other contracts	<u>(851,389)</u>	<u>(1,836,199)</u>
Total derivative liabilities	<u>\$ (92,015,334)</u>	<u>(71,392,371)</u>

(6) Subsequent Events

Management of the Plan has evaluated, for potential recognition or disclosure in the financial statements, subsequent events that have occurred through June 11, 2021, which is the date that the financial statements were available to be issued.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

ACTUARIAL METHODS AND ASSUMPTIONS

The assumptions are intended to estimate the future experience of the Plan in areas that affect the projected benefit cash flows. The future benefits to be paid from the Plan are predicted during the valuation using a set of actuarial assumptions. Each actuarial assumption used is reasonably related to the experience of the Plan and to reasonable expectations which, in combination, represent our best estimate of anticipated experience under the Plan. Nevertheless, to the extent actual experience differs from that projected by the actuarial assumptions, the emerging costs will differ from those presented in this report.

The assumptions and methods used to determine Plan assets and liabilities as of January 1, 2020, and costs for the plan year beginning January 1, 2020 are as follows:

Interest Rates

The following discount rates were used for calculating the present value of accumulated plan benefits for the purposes listed below: The FASB ASC Topic 960 discount rate is based on the expected long-term rate of return on assets.

▪ Topic 960 – Accumulated Plan Benefits	6.50%
▪ Stabilized Segment Rates September 2018	
○ Segment 1 payments under 5 years	3.64%
○ Segment 2 payments between 5 and 20 years	5.21%
○ Segment 3 payments after 20 years	5.94%
○ Effective Interest Rate	5.12%
▪ Pre-Stabilization Segment Rates September 2018	
○ Segment 1 payments under 5 years	2.79%
○ Segment 2 payments between 5 and 20 years	3.92%
○ Segment 3 payments after 20 years	4.38%
○ Effective Interest Rate	3.88%
▪ PBGC Standard Premium Funding Target Segment Rates	
○ Segment 1 payments under 5 years	2.03%
○ Segment 2 payments between 5 and 20 years	3.06%
○ Segment 3 payments after 20 years	3.59%

Actuarial Cost Method

The PPA Funding Target and liabilities under FASB ASC Topic 960 were measured using the Unit Credit Actuarial Cost Method.

Administrative Expenses

The annual administrative expenses paid from the plan are assumed to be \$200,000 plus expected PBGC premiums.

Asset Valuation Method

The method used to calculate the actuarial value of assets is a three-year asset averaging method as prescribed in IRS Notice 2009-22. The actuarial value of assets includes five determination dates, each at six-month intervals (each January 1 and July 1 within the averaging period).

The actuarial value of assets cannot be greater than 110% or less than 90% of the market value of assets. The expected rate of return on plan assets for prior plan years for purposes of the smoothing method is the lesser of the expected return by plan year for FASB ASC Topic 960 or the applicable 3rd segment rate at the beginning of any plan year. For the 2020 plan year – first reflected in the January 1, 2021 AVA – the expected return is 5.94%.

Demographic Assumptions

Mortality

For FASB ASC Topic 960 purposes, the rates of mortality according to the Pri-2012 Blue Collar Healthy Mortality Table for Males and Females adjusted to reflect a modified version of Mortality Improvement Scale MP-2019. The MP-2019 projection scale has been adjusted such that the ultimate annual improvement amount is decreased from 1.00% to 0.75%.

For calculating the Funding Target and PBGC variable premium, the mortality tables for 2020 as prescribed by the IRS.

Disabled Mortality

Not applicable.

Retirement

Not applicable

Disability Rates

Not applicable.

Withdrawal Rates

Not applicable.

Form of Payment

Not applicable.

Probability of Marriage

Not applicable.

Employees

It was assumed there will be no additional retirees rehired.

Economic Assumptions

Compensation Increases

Not applicable.

Variable Unit Value Increases

2.5% per year.

Future Increases in Social Security Taxable Wage Base

Not applicable.

417(e) Lump Sums

Not applicable.

Changes in Actuarial Assumptions and Methods

The actuarial methods and assumptions used in this valuation are the same as those used in the prior valuation except as follows:

- The statutory segment interest rates for determining minimum funding requirements and potential benefit restrictions, the Maximum Deductible Contribution, and PBGC premiums were updated as prescribed by law.
- The FASB ASC Topic 960 mortality table was changed to the Pri-2012 Blue Collar Healthy Mortality Table for Males and Females adjusted to reflect a modified version of Mortality Improvement Scale MP-2019. The MP-2019 projection scale has been adjusted such that the ultimate annual improvement amount is decreased from 1.00% to 0.75%.
- The mortality tables used to calculate the Funding Target and PBGC variable premium were updated as prescribed by law.

SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

SUMMARY OF PLAN PROVISIONS

The following plan provisions were used to develop the January 1, 2020 liabilities for the Swedish Health Services Retiree Pension Plan. The summary below is based on the plan established January 1, 2018.

Eligibility for Membership

All Swedish Health Services Pension Plan participants identified at time of the establishment of the Plan as nonunion retirees who began receiving their benefits prior to January 1, 2015.

Year of Service

For plan years beginning on or after January 1, 1989, a Year of Service means a Plan Year with at least 500 Hours of Service.

Credited Service

For plan years beginning on or after January 1, 1989 a year of Credited Service is a Plan Year with at least 500 Hours of Service.

Credited Service for those electing to participate in the defined contribution plan will not increase after December 31, 2006. Credited Service for all other nonunion participants will not increase after the later of December 31, 2009 or the date the Participant becomes a nonunion Participant.

Earnings

Wages subject to federal income tax withholding plus pretax contributions made to a 401(k) plan, a non-qualified deferred compensation plan, a non-qualified retirement plan, a tax-sheltered or tax-deferred annuity, a commuter/transportation plan or an IRC Section 125 Plan.

Vesting

Completion of five Years of Service or the earlier of I) attainment of Normal Retirement Age and II) age 65 and the 5th anniversary from participation, provided the participant is an employee on such date. All active nonunion participants became 100% vested as of December 31, 2009.

Normal Retirement Benefit

Equal to the sum of (a) and (b):

- (a) The accrued benefit earned prior to 1989
- (b) After 1988: 2.25% of Earnings plus 0.75% of Earnings in excess of Covered Compensation for each year of Credited Service.

Accrued benefits were frozen as of January 1, 2007 for Employees who elected to participate in the Defined Contribution plan in 2006. The benefits for all other nonunion participants were frozen as of December 31, 2009.

Normal Retirement Date

The first day of the month coinciding with or next following the attainment of Social Security Normal Retirement Age.

Normal Retirement Age

Age 65 for Participants born before 1938, age 66 for Participants born after 1937 but prior to 1955, and age 67 for Participants born after 1954.

Early Retirement Eligibility

The first day of the month following the date the Participant attains age 55 with at least 5 Years of Service.

Early Retirement Benefit

Benefits are determined the same as for normal retirement, considering actual Earnings and years of Credited Service at the date of retirement, and reduced for early benefit commencement according to the following table:

Age	Year of Birth		
	Before 1938	1938-1954	After 1954
67	1.0000	1.0000	1.0000
66	1.0000	1.0000	.9333
65	1.0000	.9333	.8667
64	.9333	.8667	.8000
63	.8667	.8000	.7467
62	.8000	.7333	.6933
61	.7333	.6800	.6400
60	.6667	.6267	.5867
59	.6133	.5733	.5333
58	.5600	.5200	.4933
57	.5067	.4800	.4533
56	.4667	.4400	.4133
55	.4267	.4000	.3733

Participants whose age plus Years of Service equals at least 85, and who are eligible for early retirement, may receive an unreduced benefit immediately upon termination or at age 62 while employed.

Deferred Retirement Benefit

A Participant may defer retirement after Normal Retirement Age and continue to accrue benefits until the Deferred Retirement Date. The benefit will not be less than the benefit which would have been payable had the Participant retired on his Normal Retirement Date, actuarially increased for late retirement.

Death Benefit Eligibility

Vested Participants who were married throughout the one-year period ending on the date of the Participant's death.

Death Benefit

Survivor portion of a 100% Joint and Survivor annuity.

Normal Form of Payment

- Unmarried Participant: Single life annuity
- Married Participant: Actuarially equivalent 100% Joint and Survivor Annuity

Optional Forms of Payment

- Single Life Annuity
- 50% Joint and Survivor Annuity
- Social Security Adjustment Annuity
- Partial Lump Sum (with some restrictions)

Optional forms are Actuarially Equivalent to a Single Life Annuity converted with UP84 (setback 3 years for the participant; no setback for the beneficiary) and 7.00% interest.

Changes in Plan Provisions

There were no plan changes since the prior valuation.

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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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 SWEDISH HEALTH SERVICES RETIREE PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SWEDISH HEALTH SERVICES	D Employer Identification Number (EIN) 91-0433740


E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500
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Part I	Basic Information
---------------	--------------------------

1 Enter the valuation date: Month 01 Day 01 Year 2020			
2 Assets:			
a Market value	2a	163241202	
b Actuarial value	2b	157301036	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1180	126317657	126317657
b For terminated vested participants.....	0	0	0
c For active participants	0	0	0
d Total.....	1180	126317657	126317657
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
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	5.12 %	
6 Target normal cost.....	6	298000	

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		9/24/2021
Signature of actuary		Date
CASEY B BALDWIN		20-07162
Type or print name of actuary		Most recent enrollment number
MILLIMAN, INC.		503-227-0634
Firm name		Telephone number (including area code)
1455 SW BROADWAY., SUITE 1600 PORTLAND, OR 97201		
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) 2020
v. 200204

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>21.57</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)		0
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>5.28</u> %		0
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		0
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	124.52%
15 Adjusted funding target attainment percentage	15	124.52%
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	122.49%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64%	2nd segment: 5.21%	3rd segment: 5.94%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	
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	298000	
b Excess assets, if applicable, but not greater than line 31a	31b	298000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40		

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	<input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011