

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:	☐ 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>RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1993</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>05/01/1993</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>05/01/1993</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>HARRISON MEDICAL CENTER</u> <u>2520 CHERRY AVENUE</u> <u>BREMERTON, WA 98310-4270</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-0565546</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>360-744-6507</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-0565546</u>	2c Plan Sponsor's telephone number <u>360-744-6507</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>91-0565546</u>					
2c Plan Sponsor's telephone number <u>360-744-6507</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.	12/21/2021	EDWARD RATHMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☐ Same as Plan Sponsor COMMONSPIRIT HEALTH 3900 OLYMPIC BOULEVARD, SUITE 400 ERLANGER, KY 41018-1099		3b Administrator's EIN 47-0617373 3c Administrator's telephone number 859-594-3267
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1314
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) 285 6a(2) 245 6b 657 6c 354 6d 1256 6e 36 6f 1292 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☒ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HARRISON MEDICAL CENTER	D Employer Identification Number (EIN) 91-0565546
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 2020			
2	Assets:			
a	Market value	2a	166164116	
b	Actuarial value	2b	159676518	
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.....	655	79702401	79702401
b	For terminated vested participants.....	374	23325154	23325154
c	For active participants	285	27922402	28016902
d	Total.....	1314	130949957	131044457
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	5.35 %	
6	Target normal cost.....	6	390000	

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.

<div>SIGN HERE</div>	<div>Signature of actuary</div> <div>MICHAEL S ERAZMUS</div> <div>Type or print name of actuary</div> <div>WILLIS TOWERS WATSON US LLC</div> <div>Firm name</div> <div>233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</div> <div>Address of the firm</div>	<div>10/11/2021</div> <div>Date</div> <div>20-06431</div> <div>Most recent enrollment number</div> <div>312-525-2500</div> <div>Telephone number (including area code)</div>
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>18.40</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)		2810599
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>5.51</u> %		154864
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		2965463
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	121.84 %
15 Adjusted funding target attainment percentage	15	121.84 %
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	118.69 %
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
09/14/2021	11000000	0			
09/15/2021	100000	0			
Totals ►			18(b)	11100000	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	10157359
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

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 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

65

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** 390000**b** Excess assets, if applicable, but not greater than line 31a**31b** 390000**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 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**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 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** 10157359**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a** 10157359**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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON MEDICAL CENTER	D Employer Identification Number (EIN) 91-0565546	

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
BLACKROCK INST. TRUST COMPANY
94-3112180

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

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

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

FIDELITY

04-3275867

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	63094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	49232	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 ☐

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:	JUDY M KRUSE	b EIN:	53-0181291
c Position:	ACTUARY		
d Address:	WILLIS TOWERS WATSON US LLC 233 S WACKER DRIVE, SUITE 1800 CHICAGO, IL 60606	e Telephone:	312-525-2500

Explanation: REASSIGNMENT OF ROLES WITHIN WILLIS TOWERS WATSON

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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2020</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<p>A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>002</u></p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HARRISON MEDICAL CENTER</u></p>	<p>D Employer Identification Number (EIN) <u>91-0565546</u></p>	

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

<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CHI GROWTH POOL</u></p>				
<p>b Name of sponsor of entity listed in (a): <u>COMMONSPIRIT HEALTH</u></p>				
<p>c EIN-PN <u>80-0000385-002</u></p>	<p>d Entity code <u>M</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u></p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CHI LONG DURATION POOL</u></p>				
<p>b Name of sponsor of entity listed in (a): <u>COMMONSPIRIT HEALTH</u></p>				
<p>c EIN-PN <u>80-0000385-004</u></p>	<p>d Entity code <u>M</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u></p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM GOVT BOND INDEX FD NO</u></p>				
<p>b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u></p>				
<p>c EIN-PN <u>26-3774476-001</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6040407</u></p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US HIGH YIELD BD IDX FD A</u></p>				
<p>b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u></p>				
<p>c EIN-PN <u>47-4859555-001</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6988854</u></p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE IDX NL FD</u></p>				
<p>b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u></p>				
<p>c EIN-PN <u>82-4102422-001</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6148768</u></p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TSY US 20 YR KEY RATE DURATION NL</u></p>				
<p>b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u></p>				
<p>c EIN-PN <u>45-3856189-001</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3374536</u></p>		
<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TSY US 15 YR KEY RATE DURATION NL</u></p>				
<p>b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u></p>				
<p>c EIN-PN <u>45-3856099-001</u></p>	<p>d Entity code <u>C</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5400510</u></p>		

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI EAFE EQ IDX NON-LEND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 26-3816145-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19261393
a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 5 YR KEY RATE DURATION NL		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 47-4104495-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8061078
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK JPM GBIEM GLBL DIV IDX FD		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 83-2484172-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5232589
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX NL FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 26-4299518-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26185979
a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS INDEX NL FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 20-5780391-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6302455
a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 94-6450621-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION CORP CR SCREEN NL		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 27-4520291-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68085366
a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 25PLUS YR KEY RATE DUR NL		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 45-3856224-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3773441
a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 10 YR KEY RATE DUR NL A		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 47-4226866-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6026352
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVERNMENT BOND IDX FD		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A		
c EIN-PN 26-3774255-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4236606

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

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

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

SCHEDULE G (Form 5500) <small>Department of Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON MEDICAL CENTER	D Employer Identification Number (EIN) 91-0565546	

Part I	Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
☐					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
CATHOLIC HEALTH INITIATIVES		EMPLOYER/PLAN SPONSOR		INELIGIBLE EXPENSES PAID BY THIS PLAN FOR ANOTHER PLAN			
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset	
				1795			

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset	

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset	

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset	

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset	

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset	

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset	

(a) Identity of party involved		(b) Relationship to plan, employer, or other party-in-interest		(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price		(f) Lease rental		(g) Transaction expenses		(h) Cost of asset	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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>RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HARRISON MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>91-0565546</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	611352	1549732
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3078000	11100000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2714	73947
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	1570012
(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)	4588	3892
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	0	175118458
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	160846068	0
(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)	1733931	0
(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	166276653	189416041

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	0	1795
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	1795

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	166276653	189414246
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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)	11100000	
(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)		11100000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	19	
(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)		19
(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)	6678	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		6678
(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)		12460133
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		7508353
(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		31075183

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7703098	
(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)		7703098
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)	25242	
(2) Contract administrator fees	2i(2)	94009	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)	115241	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		234492
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7937590

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23137593
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: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	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		1795
e Was this plan covered by a fidelity bond?			
4e	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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 4310762.

<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>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

<div>A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL</div>	<div>B Three-digit plan number (PN) ▶ 002</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON MEDICAL CENTER</div>	<div>D Employer Identification Number (EIN) 91-0565546</div>

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): 04-3275867		
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	1

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
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
---	---	-----------------------------------	-----------------------------------	-------------------------------	--

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) 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).....

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).....

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).....

14a	
14b	
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.....

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

15a	
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.....

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.....

16a	
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: 45.2 % Investment-Grade Debt: 29.3 % High-Yield Debt: 4.7 % Real Estate: 8.3 % Other: 12.5 %

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 _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Retirement Plan for Employees of Harrison Memorial Hospital
Years Ended December 31, 2020 and 2019
With Report of Independent Auditors

Ernst & Young LLP



Retirement Plan for Employees of Harrison Memorial Hospital

Financial Statements and Supplemental Schedules

Years Ended December 31, 2020 and 2019

Contents

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Report of Independent Auditors

The Plan Administrator
Retirement Plan for Employees of Harrison Memorial Hospital

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of Harrison Memorial Hospital, 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 conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for 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 certified investment information summarized in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2020 and 2019, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

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

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2020, nonexempt transactions and reportable transactions for the year then ended, are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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

Ernst & Young LLP

December 20, 2021

Retirement Plan for Employees of Harrison Memorial Hospital

Statements of Net Assets Available for Benefits

	December 31	
	2020	2019
Assets		
Non-interest-bearing cash	\$ 1,549,732	\$ 611,352
Investments, at fair value:		
Plan interest in CSH Master Trust, formerly CHI Master Trust	—	160,846,068
Short-term money market fund	—	1,733,931
Interest-bearing cash	1,570,012	—
Common collective trusts	175,118,458	—
Clarion Lion Properties Fund	3,892	4,588
Total investments, at fair value	176,692,362	162,584,587
Receivables:		
Employer contribution	11,100,000	3,078,000
Due from broker	73,700	—
Interest and dividends	247	2,714
Total receivables	11,173,947	3,080,714
Total assets	189,416,041	166,276,653
Liabilities		
Expenses payable	1,795	—
Total liabilities	1,795	—
Net assets available for benefits	\$ 189,414,246	\$ 166,276,653

See accompanying notes.

Retirement Plan for Employees of Harrison Memorial Hospital

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2020	2019
Additions		
Investment income (loss):		
Interest and dividends	\$ 6,697	\$ 87,748
Net investment gain from plan interest in CSH Master Trust, formerly CHI Master Trust	7,508,353	25,868,938
Net appreciation (depreciation) in fair value of investments	12,460,133	(84,184)
Total investment income, net of investment loss	19,975,183	25,872,502
Employer contributions	11,100,000	3,078,000
Total additions	31,075,183	28,950,502
Deductions		
Benefits paid to participants	7,703,098	7,582,108
Administrative expenses	234,492	338,519
Total deductions	7,937,590	7,920,627
Net increase	23,137,593	21,029,875
Net assets available for benefits at:		
Beginning of year	166,276,653	145,246,778
End of year	\$ 189,414,246	\$ 166,276,653

See accompanying notes.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements

December 31, 2020

1. Description of the Plan

The following description of the Retirement Plan for Employees of Harrison Memorial Hospital (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

General

The Plan is a defined benefit pension plan covering eligible employees of Harrison Medical Center (the Sponsor).

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

Effective March 1, 2005, the Plan was amended to no longer accept new entrants into the Plan effective on the transition date applicable to each group of employees. The transition period for closing the Plan to new entrants began on March 1, 2005. The final transition date was January 1, 2006, thereby effectively closing the Plan to new entrants at that time.

Effective December 31, 2010, the Plan was amended to exclude all participant earnings and hours of service after December 31, 2010, for the purposes of determining the participant's final average monthly earnings and years of plan participation.

Effective February 1, 2014, the Plan began participating in the Catholic Health Initiatives Master Trust (the CHI Master Trust). On that date, The Bank of New York Mellon (BNY Mellon) became the Plan's trustee.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

2020 Developments

Effective May 1, 2020, the trustee of the Plan was changed from BNY Mellon to The Northern Trust Company, and on October 19, 2020, the CHI Master Trust was renamed the CommonSpirit Health Master Trust (CSH Master Trust).

On November 2, 2020, the Plan withdrew its participation in the CSH Master Trust and established its own stand-alone trust solely comprising the assets of the Plan. The Plan's share in the CSH Master Trust was liquidated and cash proceeds used to acquire common collective trusts.

Contributions

Prior to January 1, 2011, the Plan required all active participants to contribute 2% of their eligible earnings. Effective January 1, 2011, the Plan was amended to no longer require or permit employee contributions to the Plan. Mandatory contribution accounts are credited with interest based on 120% of the federal midterm rate in effect as of the first day of each plan year, but in no event less than 5%. Prior to May 1, 1993, participants could elect to make voluntary contributions to the Plan of up to 10% of their earnings. The mandatory and voluntary contributions are maintained in separate accounts and are credited with interest each year. Voluntary contributions are credited with the interest rate used by the Pension Benefit Guaranty Corporation (PBGC) to value immediate annuities for single employer plans terminating on the first day of the plan year.

For the plan years ended December 31, 2020 and 2019, interest credited on mandatory contributions was 5.00%. Interest credited on voluntary contributions was 0.25% and 1.50% for the plan years ended December 31, 2020 and 2019, respectively. Cumulative mandatory and voluntary employee contributions, including interest, as of December 31, 2020 and 2019, were \$8,382,003 and \$9,096,792, respectively.

Funding Policy

The Sponsor's funding policy is to make contributions to the Plan that meet or exceed the minimum funding standards of ERISA. The Sponsor made a contribution of \$11,100,000 and \$3,078,000 in September 2021 and 2020, respectively, for the years ended December 31, 2020 and 2019. The Plan met the minimum funding requirements of ERISA in both years.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Pension Benefits

Participants are eligible to begin receiving normal retirement benefits upon attaining the age of 65. The Plan also permits early retirement if the participant reaches age 55 and has completed ten years of service. The participant's monthly accrued benefit payable at his or her normal retirement date shall be equal to 2% of the participant's final average monthly earnings multiplied by years of plan participation (and fractions thereof), and then adjusted for form of payment. The participant is also entitled to his or her voluntary contributions and accrued earnings thereon. Participants may elect a combination of annuity payments.

Retirement benefits for participants electing early retirement will be reduced as defined in the Plan Document.

Distributions

If an active participant dies after completing five years of service, a contingent annuitant benefit is paid to the participant's beneficiary. If a participant who does not qualify for such a benefit dies, a death benefit equal to the value of the participant's required contributions balance at the date of death is to be paid to the participant's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they became disabled. At termination, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested account balance.

Vesting

Participants are 100% vested in their contributions to the Plan. Benefits are 0% vested until reaching five years of service, at which time they become 100% vested. On December 30, 2016, the Plan was amended such that the accrued benefits of all active participants became 100% vested and nonforfeitable.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Plan Administration and Investment Management Fees

The Plan's expenses are paid either by the Plan or the Sponsor. Expenses that are paid directly by the Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions on the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented on the accompanying statements of changes in net assets available for benefits.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Fair Value Measurements

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

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

- Level 1 – Fair value is based on inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Plan and CSH Master Trust have the ability to access at the measurement date. Investments whose values are based on quoted market prices in active markets, and are therefore classified by the Plan and CSH Master Trust within Level 1, generally include actively traded equities, government bonds, mutual funds, and exchange-traded funds. The Plan and the CSH Master Trust do not adjust the quoted price for such investments, even in situations where the Plan and CSH Master Trust hold a large position and a sale could reasonably impact the quoted price.
- Level 2 – Fair value is based on inputs, other than Level 1, that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability through corroboration with observable market data. Investments that trade in less liquid public markets or derive market value through corroboration with observable market data (e.g., fixed-income securities) are classified by the Plan and CSH Master Trust in Level 2 of the fair value hierarchy. The fair value of Level 2 instruments was determined through evaluated bid prices based on recent trading activity and other relevant information, including market interest rate curves and referenced credit spreads. Estimated prepayment rates, where applicable, are used for valuation purposes and provided by third-party services where quoted market values are not available. Common collective trust funds in CSH Master Trust that have a published price are considered to have a readily determinable fair value. Level 2 instruments include fixed-income funds, corporate bonds, and asset-backed securities.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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

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

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

The fair value of common collective trusts held directly by the Plan at December 31, 2020, is not publicly traded; therefore, readily available market quotations are generally not available to be used for valuation purposes. Accordingly, the Sponsor's valuation of these common collective trusts is measured at the NAV practical expedient as of the reporting date and is excluded from the three-level hierarchy for fair value measurements in accordance with ASC Topic 820.

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

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

For additional information on the fair value measurements of the investment securities within the Plan and CSH Master Trust fair value measurements, see Notes 4 and 6, respectively.

Income Recognition

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries.

Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ended December 31, 2010. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

3. Accumulated Plan Benefits

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

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information is as follows:

	December 31, 2019
Actuarial present value of accumulated benefits:	
Vested:	
Participants currently receiving payments	\$ 71,815,672
Other participants	45,613,765
Total vested benefits	<u>117,429,437</u>
Non-vested:	
Other benefits attributable to service rendered	79,434
	<u><u>\$ 117,508,871</u></u>

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2019, are as follows:

	Year Ended December 31, 2019
Actuarial present value of accumulated benefits at beginning of plan year	\$ 114,017,162
Actuarial losses	1,073,711
Decrease in discount period	7,223,748
Benefits paid	(7,582,108)
Change in actuarial assumptions	2,776,358
Net increase	<u>3,491,709</u>
Actuarial present value of accumulated benefits at end of plan year	<u><u>\$ 117,508,871</u></u>

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The significant assumptions underlying the actuarial computations at December 31, 2019 and 2018, are as follows:

Assumed rate of return	6.30% in 2019 and 6.55% in 2018	
Retirement	Weighted average retirement age of 65	
Mortality basis	<p>Current year assumption: Separate rates for non-annuitants based on the Pri-2012 employees table without collar or amount adjustments and annuitants based on the Pri-2012 combined nondisabled annuitants table without collar or amount adjustments, projected using the MP-2020 generational improvement scale</p> <p>Prior year assumption: Separate rates for non-annuitants based on the Pri-2012 employees table without collar or amount adjustments and annuitants based on the Pri-2012 combined nondisabled annuitants table without collar or amount adjustments, projected using a modified version of the MP-2019 generational improvement scale converging to a long-term rate of improvement of 0.75% by 2035</p>	
	Age	Rate
Retirement	55–61	2.5%
	62	5.0
	63	10.0
	64	15.0
	65–66	25.0
	67–69	15.0
	70	100.0
	71	100.0
Withdrawal rates	25	19.5
	30	15.5
	35	12.1
	40	9.4
	45	7.3
	50	5.6
	55	4.2
	60	3.0
	65	0.0
Actuarial cost method	Projected unit credit cost	

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

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

4. Fair Value Measurements

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

	December 31, 2020			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 1,570,012	\$ —	\$ —	\$ 1,570,012
Investments measured at NAV:				
Common collective trusts				175,118,458
Real estate fund				3,892
Total investments				\$ 176,692,362

	December 31, 2019			
	Level 1	Level 2	Level 3	Total
Registered investment companies	\$ 1,733,931	\$ —	\$ —	\$ 1,733,931
Investments measured at NAV:				
Real estate fund				4,588
Total investments				\$ 1,738,519

The following sets forth additional disclosures of the Plan's investments, whose fair value is estimated using NAV per share (or its equivalent):

	December 31		Redemption Frequency	Redemption Notice Period
	2020 Fair Value	2019 Fair Value		
Lion Value Fund ^(a)	\$ 3,892	\$ 4,588	Quarterly	90 days
Common collective trusts ^(b)	175,118,458	—	Daily	3 days

^(a) The Lion Value Fund invests primarily in United States real estate. The Plan's ability to redeem these investments is subject to certain restrictions and cash availability. The fund's investment normally provides for a quarterly distribution subject to written notification of redemption request 30 to 90 days prior to the last business day of the quarter. There are no unfunded commitments for this fund.

^(b) The common collective trusts held by the Plan are not subject to any redemption restrictions and do not have any unfunded commitment balances. Each investment can be fully or partially redeemed with prior notice to the manager of 3 business days.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

5. Investments

All investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedules, including investments held at December 31, 2020 and 2019, net investment gain from plan interest in the CSH Master Trust, formerly CHI Master Trust, net appreciation (depreciation) in fair value of investments, and interest and dividend income for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Northern Trust Company, the trustee of the Plan as of December 31, 2020, and for the period from May 1, 2020 through December 31, 2020, and BNY Mellon, the trustee of the Plan as of and for the year ended December 31, 2019, and for the period from January 1, 2020 through April 30, 2020.

6. CSH Master Trust, Formerly the CHI Master Trust

Certain of the Plan's investments were held in the CSH Master Trust, formerly the CHI Master Trust, which was established for the investment of assets of the Plan and several other CHI-sponsored retirement plans, through November 2, 2020.

The CSH Master Trust consists of a three-pool structure (growth, inflation hedging, and long duration). Details of these three pools are as follows:

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

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

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

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

6. CSH Master Trust, Formerly the CHI Master Trust (continued)

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

Cash balance plan

Funded status	<80%	80%	90%	95%	100%
Growth	80	72	70	60	50
Inflation hedging	11	15	17	27	37
Long duration	9	13	13	13	13

Traditional plan

Funded status	<70%	70%	80%	90%	100%
Growth	80	75	60	40	20
Inflation hedging	—	—	—	—	—
Long duration	20	25	40	60	80

Due to the withdrawal of the Plan's participation in the CSH Master Trust on November 2, 2020, the Plan does not hold an investment in the CSH Master Trust at December 31, 2020.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

6. CSH Master Trust, Formerly the CHI Master Trust (continued)

	December 31, 2019	
	Master Trust Balances	Plan's Interest in Master Trust Balances
	<i>(Dollars in Thousands)</i>	
Assets		
Investments in securities:		
Short-term investments	\$ 97,918	\$ 4,218
Common stocks	1,534,915	54,210
Mutual funds and exchange-traded funds	83,272	2,941
Fixed-income funds	220,900	—
Preferred stocks	4,422	120
Corporate bonds	325,386	31,085
Asset-backed securities	43,718	107
Government bonds	367,201	32,582
Foreign government bonds	36,439	2,484
Term loans	194,036	6,852
Hedge funds	289,668	10,231
Real estate funds	339,983	12,008
Venture capital/private equity funds	113,204	3,998
Cash	624	9
Receivable for securities sold	9,065	204
Foreign currency exchange contracts	43,164	896
Other receivables	10,075	706
Total assets	3,713,990	162,651
Liabilities		
Payable for securities purchased	24,274	898
Foreign currency exchange contracts	43,289	902
Other liabilities	145	5
Total liabilities	67,708	1,805
Net assets	\$ 3,646,282	\$ 160,846

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

6. CSH Master Trust, Formerly the CHI Master Trust (continued)

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

	Period From January 1, 2020 Through November 2, 2020		Year Ended December 31, 2019	
	<i>(Dollars in Thousands)</i>			
Net (depreciation) appreciation in fair value of investments	\$	(25,903)	\$	488,545
Interest income		45,617		45,181
Dividend income		25,128		41,701
Total investment income		44,842		575,427
Expenses				
Investment manager and custody fees		8,671		11,750
Total expenses		8,671		11,750
Net transfers (contributions and benefit payments for the participating plans)		(147,060)		(359,747)
Net (decrease) increase		(110,889)		203,930
Net assets:				
Beginning of year		3,646,282		3,442,352
End of year	\$	3,535,393	\$	3,646,282

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

6. CSH Master Trust, Formerly the CHI Master Trust (continued)

Alternative Investment Strategies

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

Alternative Investment Redemptions

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

Alternative Investment Commitments

The CSH Master Trust's allocation to alternative investments is based upon contractual commitment levels to various funds. These commitments are drawn by the fund managers as opportunities arise to invest the capital.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

6. CSH Master Trust, Formerly the CHI Master Trust (continued)

Fair Value Measurements

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

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

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

6. CSH Master Trust, Formerly the CHI Master Trust (continued)

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

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

Derivatives

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

The following table summarizes the CSH Master Trust's derivative instruments:

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

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

6. CSH Master Trust, Formerly the CHI Master Trust (continued)

Concentration of Market, Credit, and Industry Risk

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

7. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated February 12, 2018, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

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

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

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

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

9. Risks and Uncertainties

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

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

10. Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested.

In the event of termination of the Plan, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits insured by the PBGC, a U.S. government agency, up to the applicable limitations (discussed below).
- All other vested benefits.
- All non-vested benefits.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements (continued)

10. Plan Termination (continued)

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 those benefits and may also depend on the level of benefits guaranteed by 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 survivors' 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. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

The Plan provides that following a plan termination (as defined), the assets of the Plan shall be applied in accordance with the provisions of the plan agreement to satisfy all liabilities to participants and beneficiaries, and the Sponsor shall be entitled to any balance of plan assets remaining.

11. Subsequent Events

Management evaluated subsequent events for the Plan through December 20, 2021, the date the accompanying financial statements were available to be issued. The interest rate for voluntary contributions was defined by the interest rate used by the PBGC to value immediate annuities for single employer plans terminating on the first day of the plan year. After December 31, 2020, the PBGC no longer publishes this rate. Therefore, the Plan was amended effective January 1, 2021, to change the interest rate on the voluntary contributions to be the same as the rate used for mandatory contributions. It is 120% of the federal midterm rate in effect as of the first day of each plan year, but in no event less than 5%.

Effective December 20, 2021, the Plan merged into the St. Luke's Health System Retirement Plan, which will subsequently be renamed CommonSpirit Health ERISA Retirement Plan. On September 14, 2021, the Human Resources and Compensation Committee of the Plan Sponsor voted to terminate the surviving merged plan effective at a date determined by the Chief Human Resources Officer or the Senior Vice President, Benefits.

Supplemental Schedules

Retirement Plan for Employees of Harrison Memorial Hospital

EIN 91-0565546 Plan #002

Schedule G, Part III – Schedule of Nonexempt Transactions

Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Relationship to Plan, Employer, or Other Party in Interest	(c) Description of Transactions	(i) Current Value of Asset
CommonSpirit Health	Employer	Ineligible expenses paid	\$ 1,795

Note: Columns (d) through (h) and (j) not shown as they are not applicable.

Retirement Plan for Employees of Harrison Memorial Hospital

EIN 91-0565546 Plan #002

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

December 31, 2020

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
CF BLACKROCK LONG TERM GOVERNMENT BOND INDEX NO	Common Collective Trust	\$ 6,064,100	\$ 6,040,407
CF BLACKROCK US HIGH YIELD BD IDX FD A (578384)	Common Collective Trust	6,642,016	6,988,854
CF BLACKROCK DEVELOPED REAL ESTATE IDX NL FUND	Common Collective Trust	5,336,043	6,148,768
CF BLACKROCK TSY U.S. 20 YR KEY RATE DUR NL FD	Common Collective Trust	3,428,600	3,374,536
CF BLACKROCK TSY U.S. 15 YR KEY RATE DUR NL FD	Common Collective Trust	5,511,300	5,400,510
CF BLACKROCK MSCI EAFE EQ IDX NON-LEND FUND	Common Collective Trust	16,177,449	19,261,393
CF BLACKROCK TREAS US 5 YR KEY RATE DUR NL FD A	Common Collective Trust	8,024,338	8,061,078
CF BLACKROCK JPM EMBI GLBL DIV IDX FD C	Common Collective Trust	4,965,599	5,232,589
CF BLACKROCK RUSSELL 3000 NL FUND	Common Collective Trust	22,657,235	26,185,979
CF BLACKROCK EMERGING MARKETS INDEX NON-LENDABL	Common Collective Trust	5,440,741	6,302,455
CF BLACKROCK SHORT-TERM INVESTMENT FUND	Common Collective Trust	124	124
CF BLACKROCK LNG DUR CORP CR SCREEN NONLEND FND	Common Collective Trust	65,004,269	68,085,366
CF BLACKROCK TSY U.S. 25+ YR KEY RATE DUR NL FD	Common Collective Trust	3,798,884	3,773,441
CF BLACKROCK TSY US 10 YR KEY RATE DUR NL FD A	Common Collective Trust	6,120,900	6,026,352
CF BLACKROCK INTERMEDIATE GOVERNMENT BOND INDEX	Common Collective Trust	4,235,230	4,236,606
LION VALUE FUND	Real Estate Fund	2,500,000	3,892
INTEREST-BEARING CASH	Collective Investment Fund	1,570,012	1,570,012
		<u>\$ 167,476,840</u>	<u>\$ 176,692,362</u>

Retirement Plan for Employees of Harrison Memorial Hospital

EIN 91-0565546 Plan #002

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2020

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain (Loss)
Category (i) – A single transaction in excess of 5% of the fair value of plan assets					
Dreyfus Govt Securities	\$ –	\$ 621,000	\$ 621,000	\$ 621,000	\$ –
Dreyfus Govt Securities	–	614,000	614,000	614,000	–
Dreyfus Govt Securities	–	609,000	609,000	609,000	–
Dreyfus Govt Securities	–	606,000	606,000	606,000	–
Dreyfus Govt Securities	500,000	–	500,000	500,000	–
Dreyfus Govt Securities	1,500,000	–	1,500,000	1,500,000	–
CF BLACKROCK LONG TERM	5,154,100	–	5,154,100	5,154,100	–
GOVERNMENT BOND INDEX NO	910,000	–	910,000	910,000	–
CF BLACKROCK US HIGH YIELD BD					
IDX FD A (578384)	6,713,900	–	6,713,900	6,713,900	–
CF BLACKROCK DEVELOPED REAL	5,874,600	–	5,874,600	5,874,600	–
ESTATE IDX NL FUND	–	550,000	494,421	550,000	55,579
CF BLACKROCK TSY U.S. 20 YR KEY					
RATE DUR NL FD	3,189,100	–	3,189,100	3,189,100	–
CF BLACKROCK TSY U.S. 15 YR KEY	5,241,300	–	5,241,300	5,241,300	–
RATE DUR NL FD	270,000	–	270,000	270,000	–
CF BLACKROCK MSCI EAFE EQ IDX	18,463,300	–	18,463,300	18,463,300	–
NON-LEND FUND	–	970,000	875,853	970,000	94,147
	–	950,000	835,213	950,000	114,787
	–	450,000	388,129	450,000	61,871
CF BLACKROCK TREAS US 5 YR KEY	8,242,500	–	8,242,500	8,242,500	–
RATE DUR NL FD A	–	400,000	398,162	400,000	1,838
CF BLACKROCK JPM EMBI GBL DIV					
IDX FD C	5,035,400	–	5,035,400	5,035,400	–
CF BLACKROCK RUSSELL 3000 NL FUND	25,177,000	–	25,177,000	25,177,000	–
	391,800	–	391,800	391,800	–
	–	1,246,000	1,163,726	1,246,000	82,274
	–	1,000,000	921,654	1,000,000	78,346
	–	400,000	352,291	400,000	47,709
	–	547,700	473,894	547,700	73,806
CF BLACKROCK EMERGING MARKETS					
INDEX NON-LENDABL	5,874,600	–	5,874,600	5,874,600	–
CF BLACKROCK SHORT-TERM	2,466,000	–	2,466,000	2,466,000	–
INVESTMENT FUND	–	2,466,000	2,466,000	2,466,000	–
CF BLACKROCK LNG DUR CORP CR	66,246,300	–	66,246,300	66,246,300	–
SCREEN NONLEND FND	–	1,386,000	1,326,031	1,386,000	59,969
CF BLACKROCK TSY U.S. 25+ YR KEY	4,135,100	–	4,135,100	4,135,100	–
RATE DUR NL FD	–	334,000	336,216	334,000	(2,216)

Retirement Plan for Employees of Harrison Memorial Hospital

EIN 91-0565546 Plan #002

Schedule H, Item 4(j) – Schedule of Reportable Transactions (continued)

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain (Loss)
Category (i) – A single transaction in excess of 5% of the fair value of plan assets (continued)					
CF BLACKROCK TSY US 10 YR KEY					
RATE DUR NL FD A	\$ 6,120,900	\$ –	\$ 6,120,900	\$ 6,120,900	\$ –
CF BLACKROCK INTERMEDIATE	2,380,000	–	2,380,000	2,380,000	–
GOVERNMENT BOND INDEX	1,250,200	–	1,250,200	1,250,200	–
	1,180,400	–	1,180,400	1,180,400	–
	–	575,000	575,370	575,000	(370)
Category (iii) – A series of transactions in excess of 5% of the fair value of plan assets					
Dreyfus Govt Securities	\$ –	\$ 3,745,494	\$ 3,745,494	\$ 3,745,494	\$ –
Dreyfus Govt Securities	2,011,563	–	2,011,563	2,011,563	–
CF BLACKROCK LONG TERM					
GOVERNMENT BOND INDEX NO	6,064,100	–	6,064,100	6,064,100	–
CF BLACKROCK US HIGH YIELD BD	6,713,900	–	6,713,900	6,713,900	–
IDX FD A (578384)	–	75,000	71,884	75,000	3,116
CF BLACKROCK DEVELOPED REAL	5,874,600	–	5,874,600	5,874,600	–
ESTATE IDX NL FUND	–	600,000	538,557	600,000	61,443
CF BLACKROCK TSY U.S. 20 YR KEY					
RATE DUR NL FD	3,428,600	–	3,428,600	3,428,600	–
CF BLACKROCK TSY U.S. 15 YR KEY					
RATE DUR NL FD	5,511,300	–	5,511,300	5,511,300	–
CF BLACKROCK MSCI EAFE EQ IDX	18,463,300	–	18,463,300	18,463,300	–
NON-LEND FUND	–	2,592,300	2,285,851	2,592,300	306,449
CF BLACKROCK TREAS US 5 YR KEY	8,422,500	–	8,422,500	8,422,500	–
RATE DUR NL FD A	–	400,000	398,162	400,000	1,838
CF BLACKROCK JPM EMBI GLBL DIV	5,035,400	–	5,035,400	5,035,400	–
IDX FD C	–	73,600	69,801	73,600	3,799
CF BLACKROCK RUSSELL 3000 NL FUND	25,568,800	–	25,568,800	25,568,800	–
	–	3,193,700	2,911,565	3,193,700	282,135
CF BLACKROCK EMERGING MARKETS	5,874,600	–	5,874,600	5,874,600	–
INDEX NON-LENDABL	–	466,000	433,859	466,000	32,141
CF BLACKROCK SHORT-TERM	2,466,251	–	2,466,251	2,466,251	–
INVESTMENT FUND	–	2,466,126	2,466,126	2,466,126	–
CF BLACKROCK LNG DUR CORP CR	66,330,300	–	66,330,300	66,330,300	–
SCREEN NONLEND FND	–	1,386,000	1,326,031	1,386,000	59,969
CF BLACKROCK TSY U.S. 25+ YR KEY	4,135,100	–	4,135,100	4,135,100	–
RATE DUR NL FD	–	334,000	336,216	334,000	(2,216)
CF BLACKROCK TSY US 10 YR KEY					
RATE DUR NL FD A	6,120,900	–	6,120,900	6,120,900	–
CF BLACKROCK INTERMEDIATE	4,810,600	–	4,810,600	4,810,600	–
GOVERNMENT BOND INDEX	–	575,000	575,370	575,000	(370)

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2020.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2020

Attained Age	Attained Years of Credited Service ¹										Total
	<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	0	0	0	0	0	0	0	0	0	0
35-39	0	0	4	0	0	0	0	0	0	0	4
40-44	1	3	11	1	0	0	0	0	0	0	16
45-49	1	4	21	3	0	0	0	0	0	0	29
50-54	0	6	28	13	5	0	0	0	0	0	52
55-59	0	6	44	19	16	2	0	0	0	0	87
60-64	0	4	29	23	15	4	0	0	0	0	75
65-69	0	2	8	6	4	1	0	0	0	0	21
70 & over	0	1	0	0	0	0	0	0	0	0	1
Total	2	26	145	65	40	7	0	0	0	0	285
Average:	Age	57		Service	10						
Census data as of January 1, 2020											

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

Plan Name: Harrison Medical Center
 EIN / PN: 91-0565546 / 002
 Plan Sponsor: Retirement Plan for Employees of Harrison Memorial Hospital
 Valuation Date: January 1, 2020

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

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.64%	2.79%
■ Second segment rate	5.21%	3.92%
■ Third segment rate	5.94%	4.38%
■ Effective interest rate	5.35%	4.03%

Annual rates of increase

■ Employee contribution balances 5.00%

Demographic Assumptions

Mortality – Healthy and Disabled

Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and the projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2018).

Plan Name: Harrison Medical Center
EIN / PN: 91-0565546 / 002
Plan Sponsor: Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Withdrawal

Representative Termination Rates from Table SOA3TSS:

Attained Age	Withdrawal
25	19.5%
30	15.5%
35	12.1%
40	9.4%
45	7.3%
50	5.6%
55	4.2%
60	3.0%
65	0.0%

Disability incidence

None assumed.

Retirement

Percentage retiring during the year	
Age	Percentage
Under 55	0%
55-61	2.5%
62	5.0%
63	10.0%
64	15.0%
65-66	25.0%
67-69	15.0%
70	100.0%

Benefit commencement date:

- Preretirement death benefit Age 65
- Deferred vested benefit Age 65

Plan Name: Harrison Medical Center
EIN / PN: 91-0565546 / 002
Plan Sponsor: Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Form of payment

Form of Payment	Contribution			
	Balance Refund	Single Life	100% J&S	50% J&S
Active retirements	25%	80%	20%	0%
Future vested deferred	25%	80%	20%	0%
Future deaths	25%	0%	0%	100%
Current vested deferred	0%	80%	20%	0%

Participants who have taken or are assumed to take a refund of their contributions receive an annuity reduced by the annuitized value of their contributions, converted as noted below for future assumed refunds; otherwise participants receive an annuity based on the full value of their accrued benefit with a refund upon death of contributions in excess (if any) over annuity amounts already paid.

Employee contributions are converted to annuities using 2.04% for payments during the first 5 years, 3.09% for payments during the next 15 years and 3.68% for payments after 20 years. Mortality is based on the applicable mortality tables under IRC Section 417(e)(3), with no pre-retirement mortality assumed.

Percent married

70% of eligible male and female participants are assumed to be married.

Spouse age

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

Covered pay

N/A

Administrative expenses

An estimate of current year's expenses excluding PBGC premiums provided by CommonSpirit Health, plus an estimate of the current year's PBGC premiums. For 2020 the administrative expenses are assumed to be \$390,000.

Timing of benefit payments

Annuity payments are assumed to be made uniformly throughout the year and, on average, at mid-year. Lump sum payments are payable on date of decrement.

Plan Name: Harrison Medical Center
EIN / PN: 91-0565546 / 002
Plan Sponsor: Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Methods

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

Plan Name:	Harrison Medical Center
EIN / PN:	91-0565546 / 002
Plan Sponsor:	Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

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

Plan Name: Harrison Medical Center
EIN / PN: 91-0565546 / 002
Plan Sponsor: Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Data Sources

CommonSpirit Health, through its third party administrator, furnished participant data as of January 1, 2020. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data 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.

Willis Towers Watson is not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. The following assumptions for unavailable data were approved by CommonSpirit Health and reflected in the data:

Missing date of birth	Participants who are missing their date of birth were assigned an average age based on the participant's status. Beneficiaries who are missing their date of birth were assigned the participant's date of birth plus 3 years for male participants and minus 3 years for female participants, when the participant's date of birth was available
Missing sex code	A female sex code is assigned to a participant and a male sex code is assigned to a beneficiary when their sex code is unavailable. For those participants missing their beneficiary's sex code and have a joint and survivor form of payment, the beneficiary is assigned a sex code opposite of the participant's sex code.
Missing benefit amounts	Participants with missing benefit amounts are assigned an average amount (\$420 for beneficiaries, \$440 for deferred beneficiaries, \$680 for deferred original participants, and \$940 for retirees)

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.
Employee Contribution Interest Rate	The plan credits interest to employee contributions using 120% of the Federal mid-term rate in effect on the first day of the plan year, subject to a 5% minimum.

Plan Name:	Harrison Medical Center
EIN / PN:	91-0565546 / 002
Plan Sponsor:	Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Plan Related Expenses

Administrative expenses are estimated by determining the expected expense for the coming year

Plan Name: Harrison Medical Center
EIN / PN: 91-0565546 / 002
Plan Sponsor: Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on a published table for pension participants believed to have similar characteristics to the plan population.
Retirement	Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Benefit commencement date for deferred benefits	Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.
Form of payment	The percentage of participants assumed to take their employee contributions as a lump sum refund is based on plan sponsor expectations for the future.
Percent married	The assumed percentage married is based on general population on the marital status of individuals of retirement age.
Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
------------------------	--

Plan Name:	Harrison Medical Center
EIN / PN:	91-0565546 / 002
Plan Sponsor:	Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date:	January 1, 2020

See

Audited Financial Statements

For

Schedule of Reportable Transactions

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**

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.

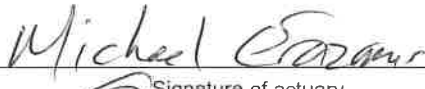
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HARRISON MEDICAL CENTER	D Employer Identification Number (EIN) 91-0565546
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	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 2020			
2 Assets:			
a Market value	2a	166,164,116	
b Actuarial value	2b	159,676,518	
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	655	79,702,401	79,702,401
b For terminated vested participants	374	23,325,154	23,325,154
c For active participants	285	27,922,402	28,016,902
d Total	1,314	130,949,957	131,044,457
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	5.35%	
6 Target normal cost	6	390,000	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

MICHAEL S ERAZMUS

Type or print name of actuary

WILLIS TOWERS WATSON US LLC

Firm name

233 SOUTH WACKER DRIVE
SUITE 1800
Chicago IL 60606

Address of the firm

10/11/21

Date

2006431

Most recent enrollment number

312-525-2500

Telephone number (including area code)

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>18.40%</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)		2,810,599
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>5.51%</u>		154,864
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		2,965,463
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	121.84%
15	Adjusted funding target attainment percentage.....	15	121.84%
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	118.69%
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
09/14/2021	11,000,000	0			
09/15/2021	100,000	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	10,157,359

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 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age.....			22 65
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	390,000
b Excess assets, if applicable, but not greater than line 31a.....		31b	390,000
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	10,157,359
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36).....		38a	10,157,359
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		39	0
40 Unpaid minimum required contributions for all years.....		40	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Harrison Medical Center
EIN/PN	91-0565546 / 002
Plan Name	Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date	January 1, 2020
Enrolled Actuary	Michael S Erazmus
Enrollment Number	20-06431

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2020

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	0.000	1,000,000	1.000000	0.000000	0.000000
55	0.025	1,000,000	1.000000	0.025000	1.375000
56	0.025	975,000	0.975000	0.024375	1.365000
57	0.025	950,625	0.950625	0.023766	1.354641
58	0.025	926,859	0.926859	0.023171	1.343946
59	0.025	903,688	0.903688	0.022592	1.332940
60	0.025	881,096	0.881096	0.022027	1.321644
61	0.025	859,068	0.859068	0.021477	1.310079
62	0.050	837,592	0.837592	0.041880	2.596534
63	0.100	795,712	0.795712	0.079571	5.012986
64	0.150	716,141	0.716141	0.107421	6.874952
65	0.250	608,720	0.608720	0.152180	9.891695
66	0.250	456,540	0.456540	0.114135	7.532906
67	0.150	342,405	0.342405	0.051361	3.441169
68	0.150	291,044	0.291044	0.043657	2.968650
69	0.150	247,387	0.247387	0.037108	2.560460
70	1.000	210,279	0.210279	0.210279	14.719555
Average age at retirement					65.002156
Rounded for Schedule SB item 22					65

Plan Name:	Retirement Plan for Employees of Harrison Memorial Hospital
EIN / PN:	91-0565546 / 002
Plan Sponsor:	Harrison Medical Center
Valuation Date	January 1, 2020

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date The original plan was effective May 1, 1968. The plan was most recently amended March 9, 2020 and restated effective December 30, 2016.

Participation date May 1 or November 1 following the date employee reaches age 21, completes 1,000 hours of service in the 12 months following the date of hire or during a Plan Year if later, and agrees to make mandatory contributions to the plan.

Employees who satisfied the eligibility requirements prior to the dates below could choose whether to participate in the plan or begin participating in Harrison's new retirement program. Employees becoming eligible on and after these dates automatically participate in the new program.

Union	Date
Non-bargained employees	March 1, 2005
SEIU – Dietary Local 6	July 1, 2005
SEIU – Service Local 6	July 1, 2005
UFCW – 21	July 1, 2005
IUOE – Local 286	November 1, 2005
USNU Union – Local UFCW 141	
Registered Nurses	January 1, 2006

Status of the plan The plan ceased benefit accruals for all participants as of December 31, 2010.

Type of plan Contributory defined benefit plan

Plan Name: Harrison Medical Center
EIN / PN: 91-0565546 / 002
Plan Sponsor: Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date: January 1, 2020

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service	<p>All active participants are fully vested as of December 31, 2016.</p> <p>For years after December 31, 2016, vesting service is elapsed time.</p> <p>For years before January 1, 2017, years in which completed 1,000 or more hours of service.</p>
Credited service	<p>Years in which mandatory contributions were made to the plan and completed 1,000 or more hours.</p> <p>Credited service accrual ceased for all participants as of December 31, 2010.</p>
Pensionable earnings	<p>Employee's regular salary, wages, and contractual bonuses including, effective May 1, 1999, pre-tax employee contributions pursuant to IRC 125, 132(f)(4), 403(b), or 402(a)(8). No earnings after December 31, 2010 are considered.</p>
Final average earnings	<p>Average of the participant's pensionable earnings for the five consecutive completed years out of the last ten years of participation producing the highest average.</p> <p>No earnings after December 31, 2010 are considered.</p>
Accrued benefit	<p>2% of the final average earnings times years of credited service.</p> <p>Effective December 31, 2010, the plan was amended to cease benefit accruals for all participants.</p>

Plan Name:	Harrison Medical Center
EIN / PN:	91-0565546 / 002
Plan Sponsor:	Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

Normal retirement	Age 65
Early retirement	Age 55 and 10 years of vesting service
Late retirement	Retirement after age 65
Vested termination	5 years of vesting service
Pre-retirement death benefit	5 years of vesting service
Disability retirement	Later of 6 months following total and permanent disability or the date employment terminates.

Benefits Paid Upon the Following Events

Normal retirement	Accrued benefit payable on the normal retirement date.
Early or disability retirement	Accrued benefit is reduced by 5/12 of 1% for each month by which retirement precedes normal retirement date.
Late retirement	Accrued benefit actuarially increased for late retirement
Vested termination	Vested accrued benefit payable at normal or early retirement date. A participant's mandatory contributions are 100% vested at all times.
Pre-retirement death	<p>If a married participant dies prior to commencing benefits, the surviving spouse will receive his or her portion of a 50% Joint and Survivor annuity beginning on the date the participant would have been eligible for early retirement or in the month of death, if later.</p> <p>Upon the death of an unmarried participant, any remaining participant contributions are refunded.</p>
Post-retirement death	Upon the later of the death of the participant or beneficiary (if any), the excess of any mandatory contributions over amounts already paid shall be paid in a single lump sum.

Plan Name:	Harrison Medical Center
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Plan Sponsor:	Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date:	January 1, 2020

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

Automatic form for unmarried participants:

Single Life Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination.

Automatic form for married participants:

50% Joint and Survivor Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination.

Optional forms:

Optional forms are 50%, 66 2/3%, 75%, and 100% Joint and Survivor Annuities

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

Optional form conversion factors

Actuarial equivalence for annuity options is determined based on 7% interest and the 1994 Group Annuity Reserving Table projected to 2002, blended 50% male and 50% female.

Employee contributions

2% of pay. No longer required, starting December 31, 2010. Beginning on May 1, 1987, contributions are credited with interest at 120% of the Federal mid-term rate in effect on the first day of the plan year, with a minimum of 5%.

Maximum 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 become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

None

Changes in Benefits Valued Since Prior Year

None

Plan Name:	Harrison Medical Center
EIN / PN:	91-0565546 / 002
Plan Sponsor:	Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date:	January 1, 2020

See

Audited Financial

Statements

For

Schedule of Assets Held