

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</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)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1962</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>76-0536232</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>832-355-4717</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>05/01/1962</u>		2b Employer Identification Number (EIN) <u>76-0536232</u>		2c Plan Sponsor's telephone number <u>832-355-4717</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>05/01/1962</u>											
2b Employer Identification Number (EIN) <u>76-0536232</u>											
2c Plan Sponsor's telephone number <u>832-355-4717</u>											
2d Business code (see instructions) <u>622000</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>CHI ST. LUKE'S HEALTH</u> <u>PO BOX 20269, MC 4-159</u> <u>HOUSTON, TX 77225-0269</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	LIZ MECKENSTOCK
	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 (2021)
v. 210624

3a Plan administrator's name and address ☐ Same as Plan Sponsor COMMONSPIRIT HEALTH 3900 OLYMPIC BLVD, 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 CHI ST. LUKE'S HEALTH c Plan Name ST. LUKE'S HEALTH SYSTEM RETIREMENT PLAN		4b EIN 76-0536232 4d PN 001	
5 Total number of participants at the beginning of the plan year		5	4212
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	2137
a(2) Total number of active participants at the end of the plan year		6a(2)	2483
b Retired or separated participants receiving benefits.....		6b	2076
c Other retired or separated participants entitled to future benefits		6c	5286
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	9845
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	307
f Total. Add lines 6d and 6e		6f	10152
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

A Name of plan <u>COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHI ST. LUKE'S HEALTH</u>	D Employer Identification Number (EIN) <u>76-0536232</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>256475654</u>
b Actuarial value	2b <u>256475654</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>180</u> (2) Vested Funding Target <u>24789503</u> (3) Total Funding Target <u>24789503</u>
b For terminated vested participants.....	<u>1896</u> <u>50759539</u> <u>50759539</u>
c For active participants	<u>2137</u> <u>99511367</u> <u>100066424</u>
d Total.....	<u>4213</u> <u>175060409</u> <u>175615466</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>4.85</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>1263550</u>
c Total (line 6a + line 6b)	6c <u>1263550</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/28/2022</u>
Signature of actuary		Date
<u>MICHAEL S ERAZMUS</u>		<u>20-06431</u>
Type or print name of actuary		Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u>		<u>312-525-2500</u>
Firm name		Telephone number (including area code)
<u>233 SOUTH WACKER DRIVE</u> <u>SUITE 1800</u> <u>CHICAGO, IL 60606</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2021
v. 201209

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)	30603863	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)	30603863	0
10 Interest on line 9 using prior year's actual return of <u>9.73</u> %	2977756	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1239748
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		65459
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		1305207
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)	33581619	0

Part III Funding Percentages

14 Funding target attainment percentage	14	126.92 %
15 Adjusted funding target attainment percentage	15	146.04 %
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	140.78 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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 6c)	31a	1263550	
b Excess assets, if applicable, but not greater than line 31a	31b	1263550	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHI ST. LUKE'S HEALTH	D Employer Identification Number (EIN) 76-0536232	

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)

WILSHIRE ASSOCIATES

1299 OCEAN AVENUE
SUITE 700
SANTA MONICA, CA 90401

(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?
16 17 50	NONE	222204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY

04-2882358

(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	216042	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PACIFIC INVESTMENT MANAGEMENT CO IN

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	156067	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)

PERSHING LLC

1 PERSHING PLAZA
JERSEY CITY, NJ 07399

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 71	NONE	108214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INST. TRUST COMPANY

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	67944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK

13-2624428

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	51622	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)

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	49281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMMONSPIRIT - SALARIES PAID

47-0617373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
35 50	NONE	20369	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	NONE	5255	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)

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5075	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHI ST. LUKE'S HEALTH</u>	D Employer Identification Number (EIN) <u>76-0536232</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE DURATION CORP CR SCREE</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u>		
c EIN-PN <u>82-2229248-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>243865399</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG DURATION CORP CR SCREEN NL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u>		
c EIN-PN <u>27-4520291-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>224043908</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SHORT-TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u>		
c EIN-PN <u>94-6450621-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2995078</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CF BLACKROCK INTERMEDIATE GOVERNME</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u>		
c EIN-PN <u>94-3118548-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>104374446</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MSCI ACWI EQT INDEX NON-LENDAB</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u>		
c EIN-PN <u>45-1743707-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>30799537</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREAS US 15 YR KEY RATE DURATION NL</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u>		
c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13701462</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHI ST. LUKE'S HEALTH		
D Employer Identification Number (EIN) 76-0536232		

Part I	Asset and Liability Statement
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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	2645565	7073885
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	42325135	10077295
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	10864477	33527928
(2) U.S. Government securities	1c(2)	61239143	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	155087929	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	273381	0
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	12917899	619779831
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)	0	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)	21878260	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	5416453	0

		(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	312648242 670458939
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	56172588 13016420
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	56172588 13016420
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	256475654 657442519

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-8875
	(B) U.S. Government securities	2b(1)(B)	201823
	(C) Corporate debt instruments	2b(1)(C)	705953
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	129842
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	1028743
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	4120
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	59823
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	63943
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	566239300
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	550404313
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	15834987
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-26356750
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-26356750

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		4224553
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4530
c Other income.....	2c		92347
d Total income. Add all income amounts in column (b) and enter total.....	2d		-5107647
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	15936035	
(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)		15936035
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)	65438	
(2) Contract administrator fees.....	2i(2)	216042	
(3) Investment advisory and management fees.....	2i(3)	275633	
(4) Other.....	2i(4)	846055	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1403168
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17339203
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-22446850
l Transfers of assets:			
(1) To this plan.....	2l(1)		423413715
(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	
e Was this plan covered by a fidelity bond?	X		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 441646 _____.			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHI ST. LUKE'S HEALTH</u>	D Employer Identification Number (EIN) <u>76-0536232</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-5160382</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>207</u>

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

Part III	Amendments
-----------------	-------------------

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) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

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

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Stock: 5.0 % Investment-Grade Debt: 81.0 % High-Yield Debt: 14.0 % Real Estate: 0.0 % Other: 0.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)
Years Ended December 31, 2021 and 2020
With Report of Independent Auditors

Ernst & Young LLP



CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke’s Health System Retirement Plan)

Financial Statements and Supplemental Schedules

Years Ended December 31, 2021 and 2020

Contents

Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	6
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	24
Schedule H, Line 4j – Schedule of Reportable Transactions	25

Report of Independent Auditors

The Plan Administrator
CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of the CommonSpirit Health ERISA Retirement Plan (formerly St. Luke's Health System Retirement Plan) (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2021, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor’s Report on the 2020 Financial Statements

We were engaged to audit the financial statements of the Plan as of and for the year ended December 31, 2020. As permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the investment information certified by a qualified institution. In our report dated January 27, 2022, we indicated

that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on those financial statements, and (b) the form and content of the information included in those financial statements other than that derived from the certified investment information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst + Young LLP

October 14, 2022

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Statements of Net Assets Available for Benefits

	December 31	
	2021	2020
Assets		
Non-interest-bearing cash	\$ 7,073,885	\$ 2,645,565
Receivables:		
Pending sales	10,077,198	40,508,040
Accrued income	97	1,817,095
Total receivables	10,077,295	42,325,135
Investments, at fair value:		
Common collective trust	619,779,831	12,917,899
Interest-bearing cash	33,527,928	10,864,477
Mutual funds	—	21,878,260
U.S. government securities	—	61,239,143
Corporate and other debt instruments	—	155,087,929
Foreign government securities	—	5,416,453
Preferred stocks	—	273,381
Other investments	—	(2,070,574)
Total investments	653,307,759	265,606,968
Total assets	670,458,939	310,577,668
Liabilities		
Pending purchases	(13,016,420)	(54,102,014)
Total liabilities	(13,016,420)	(54,102,014)
Net assets available for benefits	\$ 657,442,519	\$ 256,475,654

See accompanying notes.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2021	2020
Additions		
Employer contributions	\$ —	\$ 1,250,001
Investment income	1,185,033	7,616,080
Transfer into the Plan (<i>Note 1</i>)	423,413,715	—
Net investment loss from plan interest in CSH Master Trust, formerly CHI Master Trust	—	(1,210,765)
Net (depreciation) appreciation in fair value of investments	(6,292,680)	17,213,041
Total additions, net of investment loss	418,306,068	24,868,357
Deductions		
Benefits paid to participants	15,936,035	18,732,588
Administrative expenses	1,403,168	1,233,573
Total deductions	17,339,203	19,966,161
Net increase	400,966,865	4,902,196
Net assets available for benefits at:		
Beginning of year	256,475,654	251,573,458
End of year	\$ 657,442,519	\$ 256,475,654

See accompanying notes.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements

December 31, 2021

1. Description of the Plan

The following description of the St. Luke's Health System Retirement Plan (the Plan) provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions, a copy of which is available from St. Luke's Health System Corporation and its affiliated companies (the System). The Plan's provisions will incorporate merging plans effective December 20, 2021, as discussed in 2021 Plan Mergers and Plan Termination section.

General

The Plan is a noncontributory, cash balance, defined benefit pension plan covering substantially all employees of the System. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

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.

In April 2013, the Episcopal Diocese of Texas signed a definitive agreement for the transfer of St. Luke's Health System to CHI. The transaction was completed on May 31, 2013. Beginning in October 2013, the Plan transferred a portion of its investments to the Catholic Health Initiatives Master Trust (CHI Master Trust). In connection with this transfer, The Bank of New York Mellon (BNY Mellon), which also served as trustee of the CHI Master Trust, became the trustee of the Plan.

Effective October 1, 2015, the Plan was frozen to new participants. Effective December 31, 2015, the Plan was frozen for future benefit accruals.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Prior to October 1, 2015, employees, other than those specifically excluded in the plan document, who were at least 21 years of age and had completed one full year of service with at least 1,000 hours of service were eligible to participate in the Plan. An eligible employee was enrolled in the Plan on the October 1 or April 1 coincident with or following the date on which the employee became eligible.

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 Retirement 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.

2021 Plan Mergers and Plan Termination

Effective December 20, 2021, the Retirement Plan for Employees of Memorial Health System of East Texas, the Jewish Hospital & St. Mary's Healthcare Pension Plan, the Retirement Plan for Employees of Trinity East, and the Retirement Plan for Employees of Harrison Memorial Hospital merged into this Plan, which was subsequently renamed CommonSpirit Health ERISA Retirement Plan. Net assets amounting to \$423,413,715 were transferred into the Plan in connection with these mergers.

On September 14, 2021, the Human Resources and Compensation Committee of the Plan Sponsor voted to terminate the Plan effective at a date determined by the Chief Human Resources Officer or the Senior Vice President, Benefits. On July 15, 2022, the resolution was passed to terminate the Plan with effective date as August 31, 2022. Subsequently, the plan sponsor submitted an application for determination for terminating the Plan to the Internal Revenue Service (IRS). The plan sponsor determined that termination was not considered to be imminent as regulatory approval is pending; therefore, liquidation basis accounting was not applied in these financial statements. The amendment to terminate the Plan is not included in the actuarial present value of accumulated plan benefits in Note 3.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Upon termination, the Plan's 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 Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations (discussed below).
- All other vested benefits.
- All non-vested benefits.

Whether all participants receive their benefits will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the financial condition of CSH and 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.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Funding Policy

The System's policy is to fund the Plan in amounts sufficient to satisfy the funding requirements of ERISA. The Plan has met the minimum funding requirements established by the federal government.

Pension Benefits

The Plan provides for scheduled pension benefits to begin at the later of the normal retirement age of 65 or completion of five years of plan participation, but not later than the age of 70 1/2. A participant may elect early retirement with reduced benefits at the age of 55, with ten years of credited service for vesting purposes. Participants may also receive benefits due to death or disability, as defined by the Plan.

Each participant accrues a benefit that is calculated as a percentage of the participant's salary based on the participant's years of service for vesting purposes under the Plan. Participant accounts are also credited annually with an interest credit as specified in the plan document. Benefits calculated under the cash balance plan formula may vary from those calculated under the prior pension plan formula; however, participants who were 100% vested on October 1, 1998, will receive a benefit equal to the greater of the benefit payable under the prior plan formula or the cash balance plan formula.

Vesting

A participant becomes vested in the Plan after a period of three years of credited service. A participant's credited service is calculated from the date of the participant's commencement of employment through the earlier of either his or her normal retirement date or the date of his or her termination of employment.

A participant whose employment is terminated prior to qualifying for either a death, disability, retirement, or severance benefit under the terms and provisions of the Plan ceases to participate in the Plan and is entitled to no benefits under the Plan.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Effective December 31, 2017, the Plan was amended to fully vest the accounts of all participants who are actively employed by the System or an affiliate as of December 31, 2018, and to change the method under which hours of service are credited under the Plan to use the elapsed time method.

Administrative Expenses

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 prepared using 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 generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements, accompanying notes, and supplemental schedules. Actual results could differ from those estimates.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Fair Value Measurements

The Plan's investments are stated at estimated fair value in accordance with Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*. The guidance provides a consistent definition of fair value that focuses on an exit price, which is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 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 Plan holds various investments that are valued at fair value. Common collective trusts are reported at fair value using net asset values. Mutual funds and common stocks are valued based on quoted market prices. Investments in limited partnerships and hedge funds, which are not readily marketable, are valued at net asset value as a practical expedient. Plan management reviews and evaluates the values provided and takes responsibility for the valuation methods and assumptions used in determining the reported value of the limited partnerships and hedge funds. Corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks. Government securities are valued at the closing price reported in the active market in which the individual security is traded. Interest-bearing cash is stated at cost, which approximates fair value.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 has the ability to access at the measurement date. Investments whose values are based on quoted market prices in active markets, and are therefore classified by the Plan within Level 1, generally include actively traded equities, government bonds, mutual funds, and exchange-traded funds. The Plan does not adjust the quoted price for such investments, even in situations where the Plan holds a large position and a sale could reasonably impact the quoted price.
- Level 2 – Fair value is based on inputs, other than Level 1, that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability through corroboration with observable market data. Investments that trade in less-liquid public markets or derive market value through corroboration with observable market data (e.g., fixed-income securities) are classified by the Plan 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. Level 2 instruments include fixed-income funds, corporate bonds, and asset-backed securities.
- Level 3 – Fair value is based on inputs to the valuation methodology that are unobservable and significant to the fair value measurement.

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.

Income Recognition

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

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

2. Summary of Accounting Policies (continued)

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 the 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 are based on the cash balance accounts or the transition benefits for certain employees. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

3. Accumulated Plan Benefits

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

The accumulated plan benefit information as of December 31, 2020, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants and beneficiaries currently receiving benefits	\$ 26,595,889
Other participants	157,042,739
Total vested benefits	<u>183,638,628</u>

Non-vested benefits

Other benefits attributable to service rendered	—
	596,748
Total actuarial present value of accumulated plan benefits	<u><u>\$ 184,235,376</u></u>

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The change in the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits at January 1, 2020	\$ 186,328,857
Increase (decrease) during year attributed to:	
Actuarial losses	1,982,866
Decrease in discount period	7,843,938
Benefits paid	(18,732,588)
Assumption changes	<u>6,812,303</u>
Net increase	<u>(2,093,481)</u>
Actuarial present value of accumulated plan benefits at December 31, 2020	<u><u>\$ 184,235,376</u></u>

Significant actuarial assumptions used in the valuation are as follows:

Discount rate – 3.80% and 4.43% at December 31, 2020 and 2019, respectively.

Mortality – 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-2021 generational improvement scale.

Mortality – 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 the MP-2020 generational improvement scale.

Additional actuarial assumption changes for the year ended December 31, 2020, are as follows:

- 1) Lump-sum interest rates changed from 3.64% for the first 5 years, 5.21% for the next 15 years, and 5.94% for all other years to 3.32% for the first 5 years, 4.79% for the next 15 years, and 5.74% for all other years.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

- 2) Cash balance interest accumulation rates changed as displayed below:

Cash Balance Interest Crediting Rate			
Prior Year		Current Year	
		2021 actual	1.57%
2021	1.50%	2022	2.50%
2022–2026	3.50	2023–2026	3.50
2027–2031	4.00	2027–2031	4.00
2032+	4.50	2032+	4.50

- 3) Mortality used to calculate lump sums under the grandfathered format changed from the 2020 Unisex Pension Protection Act mortality table to the applicable mortality table under 417(e)(3) provided in IRS Notice 2017-60.

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

4. Derivatives

In 2020, the Plan's assets and liabilities included derivative financial instruments (futures, options, and swaps). These derivatives involved, in varying degrees, elements of credit and market volatility risks in excess of more traditional investment holdings, such as equity and debt instruments. The contract or notional amounts disclosed in this footnote provide a measure of the Plan's involvement in such instruments, but are not indicative of potential loss. The intent was to use derivative financial instruments as economic hedges to manage market volatility risk, foreign currency exchange rate risk, or credit risk associated with the Plan's investment assets. The Plan's fiduciaries do not anticipate any material adverse effect on the Plan's financial position resulting from its involvement in these instruments.

For 2021, the Plan no longer has these investments.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

4. Derivatives (continued)

The following table presents the effect of gains (losses) with respect to these derivative instruments, by type of derivative. The gains (losses) are located on the statements of changes in net assets available for benefits as net appreciation (depreciation) in fair value of investments.

	Year Ended December 31, 2020
Interest rate:	
Futures	\$ (84,430)
Interest rate swaps	(2,314,060)
Credit derivatives:	
Credit default swaps	526,633
Other options	59,717

Futures Contracts

On behalf of the Plan, investment managers for the Plan entered into various futures contracts. Reasons for entering into futures contracts included managing duration and yield curve exposure and serving as a substitute for physical securities. These contracts are arrangements between two parties to buy or sell a security or financial interest at a set price on a future date and are standardized and exchange traded. Upon entering into such a contract on behalf of the Plan, the investment manager was required to pledge to the broker an amount of cash or securities equal to the minimum "initial margin" requirements of the exchange on which the contract was traded. Futures contracts are marked to market daily as unrealized gain or loss and settled the following day, with such settlement recorded as realized gain or loss. Both the value of the futures contract and its corresponding offset were included as investments.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

4. Derivatives (continued)

Swap Contracts

On behalf of the Plan, investment managers for the Plan entered into various interest rate and credit default swap contracts. Reasons for entering into interest rate and credit default swap contracts included managing interest rates, yield curve exposure, and credit risk, and serving as a substitute for physical securities. The interest rate swap contracts are over-the-counter contracts enabling two counterparties to exchange, or swap, a fixed-rate cash flow for a floating-rate cash flow. The credit default swap contracts were over-the-counter contracts in which a buyer of credit default swaps paid a premium fee in return for a contingent payment by the seller upon the occurrence of a credit event, such as a default. Both the interest rate swap contracts and credit default swap contracts were marked to market daily and recorded as unrealized gains and losses, with collateral transferred between the broker and portfolio regularly as the market value of the position exceeds an agreed threshold (typically \$250,000).

The following table presents interest rate swaps and credit default swaps held by the Plan. The fair value presented in the table is located in corporate and other debt instruments on the accompanying statements of net assets available for benefits.

	Notional		Fair Value	
	December 31		December 31	
	2021	2020	2021	2020
Derivative assets:				
Interest rate swaps	\$ —	\$ 337,063,726	\$ —	\$ 315,219
Credit default swaps	—	23,199,809	—	452,609
Derivative liabilities:				
Interest rate swaps	—	(337,063,726)	—	(2,754,691)
Credit default swaps	—	(23,199,809)	—	(180,136)
	\$ —	\$ —	\$ —	\$ (2,166,999)

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

4. Derivatives (continued)

As of December 31, 2020, investment managers, on behalf of the Plan, were the sellers of various credit default swaps with expiration dates ranging from March 20, 2019 to May 11, 2063. The maximum potential amounts of future payments for the credit default swaps were equal to the notional amounts indicated above.

Other Options

On behalf of the Plan, investment managers for the Plan entered into various swaption contracts. Reasons for entering into swaption contracts include managing duration and yield curve exposure or generating income. These are over-the-counter contracts that give the purchaser the option to enter into a swap. Swaption contracts are marked to market daily and recorded as unrealized gains and losses, with collateral transferred between the broker and portfolio regularly as the market value of the position exceeds an agreed threshold (typically \$250,000).

The following table presents the swaptions held by the Plan. The fair values of swaptions presented in the table are located in corporate and other debt instruments on the accompanying statements of net assets available for benefits.

	Premium Received	Number of Contracts	Notional	Fair Value
December 2021: Swaptions	\$ —	—	\$ —	\$ —
December 2020: Swaptions	\$ 158,794	370	\$ (37,029,000)	\$ (40,097)

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

5. Fair Value Measurements

The following table sets forth, by level within the fair value hierarchy, the Plan's assets carried at fair value:

	Level 1	Level 2	Level 3	Total
December 31, 2021				
Interest-bearing cash	\$ 33,527,928	\$ —	\$ —	\$ 33,527,928
Assets measured at fair value	<u>\$ 33,527,928</u>	<u>\$ —</u>	<u>\$ —</u>	<u>33,527,928</u>

Assets measured at NAV:

Common collective trust				<u>619,779,831</u>
Total assets				<u>\$ 653,307,759</u>

	Level 1	Level 2	Level 3	Total
December 31, 2020				
Interest-bearing cash	\$ 8,369,477	\$ 2,495,000	\$ —	\$ 10,864,477
U.S. government securities	—	61,239,143	—	61,239,143
Corporate and other debt instruments	—	155,087,929	—	155,087,929
Foreign government securities	—	5,416,453	—	5,416,453
Preferred stocks	—	273,381	—	273,381
Other	136,522	(2,207,096)	—	(2,070,574)
Assets measured at fair value	<u>\$ 8,505,999</u>	<u>\$ 222,304,810</u>	<u>\$ —</u>	<u>230,810,809</u>

Assets measured at NAV:

Common collective trust				12,917,899
Mutual funds				<u>21,878,260</u>
Total assets				<u>\$ 265,606,968</u>

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

	December 20, 2021	December 31, 2020	Redemption Frequency	Redemption Notice Period
	Fair Value	Fair Value		
Common collective trusts ^(a)	\$ 619,779,831	\$ 12,917,899	Daily	3 days

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

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

6. Investments

All investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedules, including investments held, pending purchases, pending sales, and accrued income at December 31, 2021 and 2020, and net appreciation (depreciation) in fair value of investments, investment income, and net investment loss from plan interest in the CSH Master Trust, formerly CHI Master Trust, for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Northern Trust Company, the trustee of the Plan as of December 31, 2021 and 2020, and for the year ended December 31, 2021 and period from May 1, 2020 through December 31, 2021, and BNY Mellon, the trustee of the Plan for the period from January 1, 2020 through April 30, 2020.

7. CSH Master Trust, Formerly the CHI Master Trust

Certain of the Plan's investments were held in the CSH Master Trust, formerly 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.

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, 2021 or December 31, 2020.

8. Income Tax Status

The Plan has received a determination letter from the IRS dated January 9, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

Notes to Financial Statements (continued)

8. Income Tax Status (continued)

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

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

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

10. 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 risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

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

11. Subsequent Events

Management has evaluated subsequent events for the Plan through October 14, 2022, the date the accompanying financial statements were available to be issued.

Supplemental Schedules

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

EIN 76-0536232 Plan #001

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

December 31, 2021

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Common collective trust	CF BLACKROCK INTERMEDIATE GOVERNMENT BOND INDEX	\$ 104,687,873	\$ 104,374,446
Common collective trust	CF BLK MSCI ACWI EQT INDEX NON-LENDAB	29,556,106	30,799,537
Common collective trust	SHORT-TERM INVESTMENT FUND	2,995,078	2,995,078
Common collective trust	CF BLACKROCK TSY U.S. 15 YR KEY RATE DUR NL FD	13,857,319	13,701,462
Common collective trust	CF INTERMEDIATE DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	243,805,625	243,865,399
Common collective trust	CF LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	221,033,558	224,043,909
		615,935,559	619,779,831
Interest-bearing cash	USD – MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	33,527,298	33,527,928
		33,527,298	33,527,928
		<u>\$ 649,462,857</u>	<u>\$ 653,307,759</u>

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

EIN 76-0536232 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2021

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – A single transaction in excess of 5% of the fair value of plan assets					
FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES MAY	\$ 15,591,188	\$ –	\$ 15,591,188	\$ 15,591,188	\$ –
	–	15,529,172	15,591,188	15,529,172	(62,016)
FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES JUNE	15,536,063	–	15,536,063	15,536,063	–
	–	15,617,027	15,536,063	15,617,027	80,964
MFO PIMCO SHORT TERM FLOATING NAV II	–	27,457,423	27,456,190	27,457,423	1,233
Category (iii) – A series of transactions in excess of 5% of the fair value of plan assets					
FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES APRIL	31,153,703	–	31,153,703	31,153,703	–
	–	31,101,984	31,153,703	31,101,984	(51,719)
FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES MARCH	31,224,707	–	31,224,707	31,224,707	–
	–	31,213,781	31,224,707	31,213,781	(10,926)
FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES FEBRUARY	26,579,297	–	26,579,297	26,579,297	–
	–	31,878,121	31,869,141	31,878,121	8,980

CommonSpirit Health ERISA Retirement Plan
(formerly St. Luke's Health System Retirement Plan)

EIN 76-0536232 Plan #001

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

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) – A series of transactions in excess of 5% of the fair value of plan assets (continued)					
FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES MAY	\$ 15,591,188	\$ –	\$ 15,591,188	\$ 15,591,188	\$ –
	–	15,529,172	15,591,188	15,529,172	(62,016)
MFO PIMCO SHORT TERM FLOATING NAV II	24,212,427	–	24,212,427	24,212,427	–
	–	40,957,423	40,954,672	40,957,423	2,751
FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES JUNE	15,536,063	–	15,536,063	15,536,063	–
FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES JUNE	–	15,617,027	15,536,063	15,617,027	80,964
CF INTERMEDIATE DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	–	14,850,000	14,718,594	14,850,000	131,406

There were no category (ii) or (iv) reportable transactions during 2021.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

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

All monetary amounts shown in US Dollars

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	24	3	0	0	0	0	0	0	0	27
	-	2,138	-	-	-	-	-	-	-	-	2,614
30-34	1	86	32	5	0	0	0	0	0	0	124
	-	3,952	10,064	-	-	-	-	-	-	-	6,234
35-39	1	109	90	29	1	0	0	0	0	0	230
	-	5,224	14,370	24,046	-	-	-	-	-	-	11,259
40-44	5	93	95	48	18	1	0	0	0	0	260
	-	5,660	17,356	38,098	-	-	-	-	-	-	18,822
45-49	1	79	105	92	52	7	3	0	0	0	339
	-	6,233	20,341	44,228	59,031	-	-	-	-	-	30,931
50-54	5	70	94	89	65	41	19	5	0	0	388
	-	5,124	17,168	40,577	63,516	80,406	-	-	-	-	40,224
55-59	2	64	70	61	31	39	34	20	3	0	324
	-	7,707	16,464	46,400	62,883	77,207	115,107	144,558	-	-	51,155
60-64	1	42	60	38	34	27	28	25	27	1	283
	-	6,547	16,650	42,231	72,355	75,177	117,780	137,753	159,048	-	65,643
65-69	1	22	37	27	11	8	7	11	10	10	144
	-	6,137	19,154	43,178	-	-	-	-	-	-	66,777
70 & over	0	2	8	1	0	3	2	0	1	1	18
	-	-	-	-	-	-	-	-	-	-	-
Total	17	591	594	390	212	126	93	61	41	12	2,137
	-	5,503	16,798	40,806	61,742	78,102	115,782	136,333	163,001	-	37,679

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

Plan Name: CommonSpirit Health ERISA Retirement Plan

EIN / PN: 76-0536232 / 001

Plan Sponsor: CHI St. Luke's Health

Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

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

Interest rates	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	3.32%	2.22%
■ Second segment rate	4.79%	3.38%
■ Third segment rate	5.47%	3.92%
■ Effective interest rate	4.85%	3.47%

Annual rates of increase

- Cash balance interest crediting rate, late retirement increases – based on 30-year treasury rate
 - 2021 (actual) 1.57%
 - 2022 2.50%
 - 2023-2026 3.50%
 - 2027-2031 4.00%
 - 2032+ 4.50%
- IRS 417e(3) applicable interest rates Funding interest rates reflecting corridors
- 30 year treasury rate
 - 2021 (actual) 1.57%
 - 2022 2.50%
 - 2023-2026 3.50%
 - 2027-2031 4.00%

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

■ 2032+

4.50%

Plan-related 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 2021, the administrative expenses are assumed to be \$1,225,000.

As permitted by law, rates reflecting stabilization are used to determine the funding target, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Demographic Assumptions

Inclusion date

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

New or rehired employees

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

Mortality – Health 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 then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).

IRS 417(e)(3) applicable mortality assumption

417(e) applicable mortality for the current year

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Termination

Representative rates varying by age are shown below:

Attained Age	Withdrawal
20	20.0%
25	17.5%
30	15.0%
35	12.5%
40	10.0%
45	9.0%
50	9.0%
55	7.0%
60	N/A
65	N/A

Disability incidence

None assumed.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Percentage
Under 55	0%
55-59	8%
60-61	10%
62-64	13%
65-69	20%
70 and above	100%

Benefit commencement date:

- Future vested deferred Immediate
- Current vested deferred Immediate in the year of termination and age 60 thereafter
- Retirement benefit Upon termination of employment

Form of payment

	Lump Sum	Single life
Non-grandfathered	97%	3%
Grandfathered	88%	12%

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Percent married	100% of eligible male and female participants are assumed to be married.
Spouse age	For male participants, female spouse is assumed to be three years younger. For female participants, male spouse is assumed to be two years older.
Covered pay	N/A
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of the benefit expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets for determining minimum required contributions	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.

Plan Name:	CommonSpirit Health ERISA Retirement Plan
EIN / PN:	76-0536232 / 001
Plan Sponsor:	CHI St. Luke's Health
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Benefits not valued

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

Sources of Data and Other Information

CommonSpirit Health, through its third party administrator, furnished participant data as of January 1, 2021. 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:

Data Element	Assumption
Active Data Elements	
Vesting service	Average vesting service by status
Cash balance amount	Average balance for status
Inactive Data Elements	
Participant date of birth	Average date of birth by status
Cash balance amount	Average balance for status
Beneficiary date of birth	Males are 3 years older than their spouse
Beneficiary gender	Opposite gender

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.

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Cash Balance Interest crediting rate; late retirement increases

The plan credits interest to cash balance accounts the annual yield on 30-year Treasury securities, with a minimum rate of 1.50%. A select and ultimate rate best matches future expectations for the plan. Therefore, the rate in 2022 is 2.50%, the rate from 2023 through 2026 will be 3.50%, the rate from 2027 through 2031 will be 4.00% and the rate in 2032 and beyond will be 4.50%. For the valuation year, the actual interest crediting rate is used. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.

417(e)(3) applicable interest rate

This conversion rate is based on the Annual Applicable Interest Rate. The assumption is equal to the segment rates as noted above under 'Discount rate' since 417(e)(3) assumptions for funding purposes are prescribed by IRC §430 and related regulations.

Plan-related expenses

Administrative expenses are estimated by determining the expenses for the coming year.

Assumptions Rationale - Significant Demographic Assumptions

Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

These assumptions are based on an experience study undertaken by Mercer in 2017 using experience from October 1, 2010 through January 1, 2016. The resulting assumptions balance the plan's historical experience with future expectations based on input and concurrence from the plan sponsor.

Retirement

These assumptions are based on an experience study undertaken by Mercer in 2017 using experience from October 1, 2010 through January 1, 2016. The resulting assumptions balance the plan's historical experience with future expectations based on input and concurrence from the plan sponsor.

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Form of Payment

The percentage of participants assumed to take lump sums vs. annuities is based on Mercer's experience study, with consideration of whether any conditions have changed that would be expected to produce different results in the future.

Benefit commencement date for deferred benefits

Deferred vested participants' benefit commencement assumption is based on Mercer's experience study. Annual consideration is given to whether conditions have changed that would be expected to produce different commencement ages in the future.

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.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The base mortality table used to calculate the funding target and target normal cost was updated as required by IRC 430. In addition, the projection scale was updated to include one additional year of projected mortality improvement, as required by IRC §430.
- The assumed plan-related expenses added to the target normal cost were changed to better reflect anticipated experience.
- The mortality used for lump sum conversion was updated to the applicable mortality table under 417(e)(3) provided in IRS Notice 2017-60.
- The 417(e)(e)(3) interest rates used for lump sum/annuity conversion were updated to the funding interest rates reflecting corridors for the current year.
- The 30-Year Treasury rate assumption in 2022 was lowered to 2.50% with the remaining select and ultimate rates remaining the same as the prior year. This update was made

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

to better reflect the expectations of CommonSpirit Health. Related to this change, the interest crediting rate for 2022 was also lowered to 2.50%.

- The American Rescue Plan Act (ARPA) of 2021 was enacted in March, 2021. ARPA revises PPA's interest rate stabilization provisions. The plan sponsor is not applying ARPA's interest rate stabilization provisions to the 2021 plan year and so ARPA's revised stabilization provisions are not reflected in this report; if the plan sponsor decides to apply ARPA's interest rate stabilization provisions for the 2021 plan year, the results shown in this report will change.
- ARPA also revises PPA's interest rate stabilization provisions for IRC §436 (benefit restriction) purposes. The plan sponsor is not applying ARPA's interest rate stabilization provisions for §436 purposes for the 2021 plan year, and so ARPA's revised interest rate stabilization provisions are not reflected in this report for §436 purposes; if the plan sponsor decides to apply ARPA's revised interest rate stabilization provisions for §436 purposes to the 2021 plan year, the AFTAP shown in this report may change.

Change in methods since prior valuation

- The American Rescue Plan Act (ARPA) of 2021 was enacted in March, 2021. ARPA replaces PPA's 7-year shortfall amortization installments (SAIs), with a "fresh start" 15-year amortization. (Note that waiver amortization bases, if any, are not affected). The plan sponsor has not yet elected to apply ARPA's 15-year amortization provisions and so no such election is reflected in this report.

Plan Name:	CommonSpirit Health ERISA Retirement Plan
EIN / PN:	76-0536232 / 001
Plan Sponsor:	CHI St. Luke's Health
Valuation Date:	January 1, 2021

See

Audited Financial Statements

For

Schedule of Reportable Transactions

SCHEDULE SB (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>	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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

► 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 CommonSpirit Health ERISA Retirement Plan	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHI St. Luke's Health	D Employer Identification Number (EIN) 76-0536232	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
	a Market value	2a	256,475,654
	b Actuarial value	2b	256,475,654
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	180	24,789,503
	b For terminated vested participants	1,896	50,759,539
	c For active participants	2,137	99,511,367
	d Total	4,213	175,060,409
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	4.85%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	1,263,550
	c Total (line 6a + line 6b)	6c	1,263,550

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>9/28/2022</u> Date
	MICHAEL S ERAZMUS Type or print name of actuary	2006431 Most recent enrollment number
	WILLIS TOWERS WATSON US LLC Firm name	312-525-2500 Telephone number (including area code)
	233 SOUTH WACKER DRIVE SUITE 1800 Chicago IL 60606 Address of the firm	

Part II	Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	30,603,863	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)	30,603,863	0
10	Interest on line 9 using prior year's actual return of <u>9.73</u> %.....	2,977,756	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,239,748
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.28</u> %		65,459
	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		1,305,207
	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)	33,581,619	0

14	Funding target attainment percentage.....	14	126.92%
15	Adjusted funding target attainment percentage	15	146.04%
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	140.78%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
			Totals ►	18(b)	0	18(c)	0

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

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

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
---------	---------	---------	---------

(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: 3.32 %	2nd segment: 4.79 %	3rd segment: 5.47 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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 6c)	31a	1,263,550	
b Excess assets, if applicable, but not greater than line 31a	31b	1,263,550	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	CHI St. Luke's Health
EIN/PN	76-0536232 / 001
Plan Name	CommonSpirit Health ERISA Retirement Plan
Valuation Date	January 1, 2021
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.

The normal cost shown on lines 6 and 31 contains a full years' cost for the Plan plus a partial year of cost for each of 4 plans that merged into the Plan on December 20, 2021 for the period of time after the merger date. The 4 plans are the Retirement Income Plan for Employees of Trinity East (EIN/PN 34-0714474/333), Jewish Hospital & St. Mary's Healthcare Pension Plan (EIN/PN 61-1029768/003), Retirement Plan for Employees of Harrison Memorial Hospital (EIN/PN 91-0565546/002), and the Retirement Plan for Employees of Memorial Health System of East Texas (EIN/PN 75-0755367/001). Normal cost for these 4 plans for the portion of the year prior to the merger is included on the 2021 Schedules SB for those plans.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2021

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	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
<55	0.00	1,000,000	1.000000	0.000000	0.000000
55	0.08	1,000,000	1.000000	0.080000	4.400000
56	0.08	920,000	0.920000	0.073600	4.121600
57	0.08	846,400	0.846400	0.067712	3.859584
58	0.08	778,688	0.778688	0.062295	3.613112
59	0.08	716,393	0.716393	0.057311	3.381375
60	0.10	659,082	0.659082	0.065908	3.954489
61	0.10	593,173	0.593173	0.059317	3.618358
62	0.13	533,856	0.533856	0.069401	4.302880
63	0.13	464,455	0.464455	0.060379	3.803884
64	0.13	404,076	0.404076	0.052530	3.361909
65	0.20	351,546	0.351546	0.070309	4.570095
66	0.20	281,237	0.281237	0.056247	3.712324
67	0.20	224,989	0.224989	0.044998	3.014857
68	0.20	179,991	0.179991	0.035998	2.447884
69	0.20	143,993	0.143993	0.028799	1.987106
70	1.00	115,195	0.115195	0.115195	8.063617

Average age at retirement 62.213073

Rounded for Schedule SB item 22 62

Plan Name: CommonSpirit Health ERISA Retirement Plan
 EIN / PN: 76-0536232 / 001
 Plan Sponsor: CHI St. Luke's Health
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date	The plan was originally effective on May 1, 1962. The plan was most recently restated on January 1, 2013 and most recently amended on March 9, 2020.
Plan year	January 1 to December 31
Status of the plan	Participation was frozen as of October 1, 2015 and benefit accruals were frozen as of December 31, 2015.
Participation date	Covered employees are eligible to participate under the plan on the first October 1 or April 1 coincident with or next following the later of attaining age 21 and first anniversary of hire. If an employee does not complete 1,000 hours of service during first 12 months following employment but meets age requirement, participation will begin on the October 1 or April 1 coincident with or next following the Plan Year during which 1,000 hours are completed. Participation of Sugarland Hospital, Lakeside Hospital and Vintage Hospital employees did not commence until October 1, 2011. Employees hired between October 1, 2014 and April 1, 2015 became a participant on October 1, 2015 if they had 1,000 hours of service between October 1, 2014 and October 1, 2015. Employees hired on or after April 1, 2015 are not eligible to participate. Participation is frozen as of October 1, 2015.
Vesting service	One year of service is granted for each plan year beginning on or after October 1, 1989 in which the participant has 1,000 or more hours of service. Prior to October 1, 1989, service was granted under the terms of the plan then in effect. In the case of the short plan year (October 1, 2015 – December 31, 2015), one year's vesting service is granted if the participant worked at least one hour during this period. Actively employed participants on December 31, 2017 were fully vested.

Plan Name:	CommonSpirit Health ERISA Retirement Plan
EIN / PN:	76-0536232 / 001
Plan Sponsor:	CHI St. Luke's Health
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Cash Balance Benefit

Applicable interest rate	The effective annual interest rate on 30-year Treasury securities for the third month prior to the first day of the applicable Plan Year. In no event shall the interest rate used be less than 1.5% for any Plan Year
Service for salary credit determination	One year of service is granted for each plan year in which the participant worked at least 1,000 hours. In the case of the short plan year (October 1, 2015 – December 31, 2015), one year's service is granted if the participant worked at least one hour during this period. Hours worked while employed as a Supplemental Employee (e.g. PRN) after September 30, 2011 are excluded.
Cash balance account	A bookkeeping account corresponding to each member, reflecting the amount of the employer's obligation to the member at any given time.
Initial account balance	The actuarial equivalent of the accrued benefit as of October 1, 1998. Only participants as of October 1, 1998 have an initial account balance.
Contribution credits	A participant's cash balance account will be credited each plan year with an annual contribution credit equal to a percentage of the participant's pensionable earnings. Such percentage to be determined from the table below:

Years of salary credit	Percentage
0 to 4	3.5%
5 to 9	4.0%
10 to 14	4.5%
15 to 19	5.0%
20 to 24	5.5%
25 or more	6.0%

Supplemental employees receive no contribution credits. No contribution credits are given after December 31, 2015.

Plan Name:	CommonSpirit Health ERISA Retirement Plan
EIN / PN:	76-0536232 / 001
Plan Sponsor:	CHI St. Luke's Health
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Interest credits	A participant's cash balance account will be credited on the last day of each plan year with an interest credit equal to the Applicable interest rate.
Pensionable earnings	Base pay including any pre-tax Sections 125, 401(k), 408(k), 403(b), and 457(f) contributions
Accrued Benefit	<p>The life annuity benefit payable to the member on his Normal Retirement Date, which can be provided by the actuarial equivalent of the Cash balance account. The accrued benefit of a member who elects to defer includes future interest credits.</p> <p>Grandfathered participants receive at a minimum the benefit described in the "Grandfathered benefit" section.</p>

Grandfathered benefits

- **Eligibility** A participant who was actively employed continuously with at least five years vesting service on October 1, 1998
- **Benefit** The minimum benefit for grandfathered participants is equal to the sum of Part A and Part B:
 - Part A: The greater of (i) and (ii):
 - (i) The grandfathered minimum accrued benefit described below as of September 30, 2011
 - (ii) The benefit payable under the cash balance provisions earned through September 30, 2011, including future interest credits
 - Part B: Benefits under the cash balance formula accrued after September 30, 2011.

Plan Name:	CommonSpirit Health ERISA Retirement Plan
EIN / PN:	76-0536232 / 001
Plan Sponsor:	CHI St. Luke's Health
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

■ Credited service

Prior to May 1, 1982, a member received a service credit for each plan year.

Prior to May 1, 1982, one year of service is granted for Full Time participants working at least 2,000 hours in each plan year. Part Time participants were granted $\frac{3}{4}$ of a year of service.

After April 30, 1982, one year of service is granted for each plan year in which the participant has 2,000 or more hours of service; $\frac{3}{4}$ of a year of service if the participant had less than 2,000 but more than 1,500 hours of service; and $\frac{1}{2}$ of a year of service if the participant had less than 1,500 but more than 1,000 hours of service.

After October 1, 1989, but before October 1, 2011, one year of service is granted for each plan year in which the participant has 1,000 or more hours of service.

A member shall receive service credits through September 30, 1989 based on the greater of (a) or (b):

(a) (i) Vesting service as of May 1, 1988, plus

(ii) $\frac{1}{12}$ of one year of service for each month from May 1, 1988 to September 30, 1988, during which the member had completed one (1) hour of service, plus

(iii) Vesting service for the year October 1, 1988 to September 30, 1989 (where 1 year of Vesting service was earned if the member had 1,000 hours of service.)

(b) Credited service as of September 30, 1989 based on the Plan in effect on September 30, 1989.

For the initial or terminal year of employment, a member shall receive a fractional service credit based on the above schedule and the actual number of months worked.

Credited grandfathered service is frozen as of September 30, 2011.

■ Plan compensation

Total pay, including overtime premium, shift differential, call pay, etc.

No compensation earned after September 30, 2011 will be reflected in the grandfathered benefit.

■ Monthly plan compensation

The monthly average of the highest five consecutive years of plan compensation, frozen as of September 30, 2011.

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

- **Final average earnings** The monthly average of the last three consecutive years of plan compensation where each year's compensation is not to exceed the Social Security Taxable Wage Base for that year, frozen as of September 30, 2011.
- **Covered compensation** The average (without indexing) of the Social Security Wage Base in effect for each calendar year during the thirty-five (35) year period ending with the calendar year in which the member attains Social Security Retirement Age.
- **Grandfathered minimum accrued benefit** These provisions are based on the plan in effect on September 30, 1998.

The benefit is the greater of (a) and (b):
 - (a) 1.6% of Monthly plan compensation times Credited grandfathered service up to 30 years,

less

0.5% of Final average earnings not in excess of Covered compensation times Credited grandfathered service up to 30 years
 - (b) 2.0% of Monthly plan compensation at October 1, 1989 times Credited grandfathered service prior to October 1, 1989 up to 25 years,

less

0.5 % of Final average earnings not in excess of Covered compensation times Credited grandfathered service prior to October 1, 1989 up to 25 years.

plus

the formula in (a) above, using only Credited grandfathered service after September 30, 1989, with total service not to exceed 30 years.
The grandfathered benefit is frozen as of September 30, 2011.

Eligibility for Benefits

- | | |
|--------------------------|--|
| Normal retirement | Later of age 65 or completion of 5 years of plan participation |
| Early retirement | Attainment of age 55 and 10 years of vesting service |

Plan Name:	CommonSpirit Health ERISA Retirement Plan
EIN / PN:	76-0536232 / 001
Plan Sponsor:	CHI St. Luke's Health
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Late retirement Separation from service after normal retirement

Deferred vested grandfathered benefit Completion of three years of vesting service

Disability Total and permanent disability

Preretirement death benefit Completion of three years of vesting service

Benefits Paid Upon the Following Events

Normal retirement The accrued benefit

Early retirement The greater of (a) and (b):

- (a) The actuarial equivalent of the Part A(ii) cash balance account
- (b) The greater of the Part A(i) benefit reduced by 4% for each of the first 10 years by which early retirement precedes normal retirement, and reduced actuarially thereafter; and the actuarial equivalent of the Part A(ii) benefit

plus,

the actuarial equivalent of the Grandfathered Part B benefit.

Late retirement The greater of (a) and (b):

- (a) the grandfathered benefit Part A benefit calculated as of the late retirement date (frozen as of September 30, 2011), plus the grandfathered Part B benefit as of the late retirement date.
- (b) the income provided by the value of the grandfathered Part A(i) benefit payable from normal retirement date through late retirement date, plus the grandfathered Part B benefit as of the late retirement date.

Deferred vested grandfathered benefit The accrued benefit, actuarially reduced from Normal Retirement Date.

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Disability

The accrued benefit as of the date of disability, commencing on the normal retirement date. A participant may elect early payment of the benefit, in which case the benefit is reduced actuarially.

For Grandfathered participants who elect to receive early payment of benefits, and if the Part A(i) benefit applies, the frozen Part A(i) benefit will be reduced by 4% for the first 10 years that commencement precedes normal retirement, and actuarially thereafter.

Preretirement death

- Before normal retirement: The participant's beneficiary will receive an income payable for life that can be provided by the actuarially equivalent value of the Accrued Benefit.

For Grandfathered participants, the participant's beneficiary will receive no less than an income payable for life that can be provided by the present value of the Grandfathered benefit.
- After normal retirement: If death occurs after normal retirement but prior to actual retirement, the participant's beneficiary will receive a benefit equal in value to the Grandfathered Late Retirement Benefit described above that the participant would have received had he retired as of his date of death.

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

- Automatic form for married participants 50% joint and survivor annuity
- Optional forms
 - Lump sum
 - Life with 120 monthly payments guaranteed
 - Joint and contingent annuity, with continuation to a spouse between 50% and 100% of the participant's benefit.
 - Joint and survivor annuity, with continuation to a non-spouse beneficiary which is no more than 49% of the total actuarial value of the accrued benefit.
 - Joint and last survivor annuity, with 66 2/3% continuation to a spouse
 - Social Security Level Income

The only distribution options available to a participant for payments commencing prior to the early retirement date are a joint and 50% contingent annuity, a lump sum payment, or a single life annuity (if not married.)

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
 - For optional forms of payment, excluding lump sum payments:
 - Interest: 30-year treasury rate for the third month prior to the first day of the plan year in which commencement occurs
 - Mortality: GAR94
 - Conversion factors for lump sum and Social Security Level Income option forms of payment:
 - Interest: Pension Protection Act specified yield curve segment rates for the third month preceding the quarter
 - Mortality: the table specified by the Pension Protection Act for 417(e)(3) forms of payment.

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Pension Increases

None

**Plan participants'
contributions**

Contributions by Employees, including rollover contributions from plans or individual retirement accounts, shall not be permitted.

**Maximum limits on benefits
and pay**

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code.

Future Plan Changes

None

Changes in Benefits Valued Since Prior Year

None

Plan Name: CommonSpirit Health ERISA Retirement Plan
EIN / PN: 76-0536232 / 001
Plan Sponsor: CHI St. Luke's Health
Valuation Date: January 1, 2021

See

Audited Financial

Statements

For

Schedule of Assets Held

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The 30-Year Treasury rate assumption in 2022 was lowered to 2.50% with the remaining select and ultimate rates remaining the same as the prior year. This update was made to better reflect the expectations of CommonSpirit Health. Related to this change, the interest crediting rate for 2022 was also lowered to 2.50%.

Plan Name: CommonSpirit Health ERISA Retirement Plan
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