

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/20/2021</u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan<br/><br/> <input checked="" type="checkbox"/> a single-employer plan       </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/> <input type="checkbox"/> a DFE (specify) _____       </div> </div> |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report       </div> <div> <input checked="" type="checkbox"/> the final return/report<br/> <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)       </div> </div>                                                                                         |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)       </div> <div> <input type="checkbox"/> automatic extension<br/> <input type="checkbox"/> the DFVC program       </div> </div>                                                                                                                                          |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                 |

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

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2022 | LIZ MECKENSTOCK                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>COMMONSPIRIT HEALTH<br><br>3900 OLYMPIC BOULEVARD<br>SUITE 400<br>ERLANGER, KY 41018-1099                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN<br>47-0617373<br><br><b>3c</b> Administrator's telephone number<br>859-594-3267                               |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                           |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>5</b> 3531                                                                                                                               |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>6a(1)</b> 165<br><b>6a(2)</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><b>6g</b> 0<br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                    |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1C 1I<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |                                                                                                                                             |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <u>0</u> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/20/2021

▶ **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.

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

|                                                                                                                                                                                                                |                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                                 |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                          |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                          |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>135865200</u>                                                                                               |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>125764087</u>                                                                                               |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                          |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>412</u> (2) Vested Funding Target <u>25424578</u> (3) Total Funding Target <u>25424578</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>2954</u> <u>81695605</u> <u>81695605</u>                                                                              |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>165</u> <u>4800075</u> <u>4854513</u>                                                                                 |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>3531</u> <u>111920258</u> <u>111974696</u>                                                                            |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                                |
| <b>b</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..... | <b>4b</b>                                                                                                                |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>4.72</u> %                                                                                                   |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                          |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>0</u>                                                                                                       |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>654750</u>                                                                                                  |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>654750</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.

|                                                                                |                               |                                        |
|--------------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                               |                               | <u>09/28/2022</u>                      |
|                                                                                | Signature of actuary          | Date                                   |
| <u>MICHAEL S ERAZMUS</u>                                                       | Type or print name of actuary | <u>20-06431</u>                        |
|                                                                                |                               | Most recent enrollment number          |
| <u>WILLIS TOWERS WATSON US LLC</u>                                             | Firm name                     | <u>312-525-2500</u>                    |
|                                                                                |                               | Telephone number (including area code) |
| <u>233 SOUTH WACKER DRIVE</u><br><u>SUITE 1800</u><br><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 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.02</u> % .....                                                                                | 0                     | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.12</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 112.31 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 112.31 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 112.74 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

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

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

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

|                                                                                                                         |            |   |
|-------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 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**

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.32 % | 2nd segment:<br>4.79 % | 3rd segment:<br>5.47 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 60                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 654750             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 654750             |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....                                                                 | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                  |                                                                                                                         |  |  |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |  |  |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |

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

|                                                                                                                |                                                             |     |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/20/2021                     |                                                             |     |
| <b>A</b> Name of plan<br>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN                                  | <b>B</b> Three-digit plan number (PN) ▶                     | 003 |
|                                                                                                                |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC. | <b>D</b> Employer Identification Number (EIN)<br>61-1029768 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| BLACKROCK INST. TRUST COMPANY                                                                                     |
| 94-3112180                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

FIDELITY

04-3275867

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 50                  | NONE                                                                                              | 321932                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLACKROCK INST. TRUST COMPANY

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 142347                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLACKROCK FINANCIAL MANAGEMENT

13-3806691

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50 51               | NONE                                                                                              | 52569                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 47781                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

COMMONSPIRIT HEALTH

47-0617373

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 35 50                  | EMPLOYEES                                                                                         | 13952                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ERNST & YOUNG LLP

34-6565596

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/20/2021

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

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

|                                                                                                     |                               |                                                                                                              |
|-----------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TSY US 10 YR KEY RATE DUR NL A</u>                |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>47-4226866-001</u>                                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERMEDIATE GOVERNMENT BOND IDX FD</u>           |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>26-3774255-001</u>                                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG DURATION CORP CR SCREEN NL</u>               |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>27-4520291-001</u>                                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US HIGH YIELD BD IDX FD A</u>           |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>47-4859555-001</u>                                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE IDX NL FD</u>               |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>82-4102422-001</u>                                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TSY US 20 YR KEY RATE DURATION NL</u>             |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>45-3856189-001</u>                                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TSY US 15 YR KEY RATE DURATION NL</u>             |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A</u> |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>45-3856099-001</u>                                                               | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK MSCI EAFE EQ IDX NON-LEND**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>26-3816145-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **TSY US 5 YR KEY RATE DURATION NL**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>47-4104495-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **BLACKROCK JPM GBIEM GLBL DIV IDX FD**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>83-2484374-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **RUSSELL 3000 INDEX NL FUND**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>26-4299518-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **EMERGING MARKETS INDEX NL FUND**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>20-5780391-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **SHORT-TERM INVESTMENT FUND**

**b** Name of sponsor of entity listed in (a): **BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A**

|                                       |                               |                                                                                                              |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>94-6450621-001</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                           |                                                                    |            |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/20/2021</u>                  |                                                                    |            |
| <b>A</b> Name of plan<br><u>JEWISH HOSPITAL &amp; ST. MARY'S HEALTHCARE PENSION PLAN</u>                                  | <b>B</b> Three-digit plan number (PN) ►                            | <u>003</u> |
|                                                                                                                           |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>JEWISH HOSPITAL &amp; ST. MARY'S HEALTHCARE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>61-1029768</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 2330403               | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 11                    | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 1006153               | 0               |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 132528633             | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities.....                                         | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                      | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 135865200             | 0               |

**Liabilities**

|                                                                           |           |        |   |
|---------------------------------------------------------------------------|-----------|--------|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |        |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |        |   |
| <b>i</b> Acquisition indebtedness.....                                    | <b>1i</b> |        |   |
| <b>j</b> Other liabilities.....                                           | <b>1j</b> | 200100 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 200100 | 0 |

**Net Assets**

|                                                           |           |           |   |
|-----------------------------------------------------------|-----------|-----------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 135665100 | 0 |
|-----------------------------------------------------------|-----------|-----------|---|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....                                                               | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                                             | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 235        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....                                                                          | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 235       |
| (2) Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 282        |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 282       |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....                                               | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 2569244   |
| (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) |            |           |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2569761   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 12604753   |           |
| (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)  |            | 12604753  |
| 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)  | 54699      |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  | 321932     |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 195666     |           |
| (4) Other.....                                                                                 | 2i(4)  | 311779     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 884076    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 13488829  |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | -10919068 |
| l Transfers of assets:                                                                         |        |            |           |
| (1) To this plan.....                                                                          | 2l(1)  |            |           |
| (2) From this plan.....                                                                        | 2l(2)  |            | 124746032 |

**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>b</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.) .....                                                                                           |                     |                    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>c</b> 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.) .....                                                                                                                                                                                                                       |                     |                    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>d</b> 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.) .....                                                                                                                                                                                                            |                     |                    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                                                                                                                   | X                   |                    | 50000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                                                                                                                    |                     | X                  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>g</b> 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? .....                                                                                                                                                                                                                                 |                     |                    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>h</b> 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? .....                                                                                                                                                                                                                       |                     |                    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                                                                                                             |                     |                    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>j</b> 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                   |                    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                                                                                                                  | X                   |                    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                                                                                                                        | X                   |                    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                                                                                                                  | X                   |                    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                                                                                                                         |                     | X                  |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                                                                                                               |                     |                    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     | X                  |          |
| <b>n</b> 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. ....                                                                                                                                                                                                                   |                     |                    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                    |          |
| <b>5a</b> Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.                                                                                                                        |                     |                    |          |
| <b>5b</b> 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.)                                                                                                                                                                                               |                     |                    |          |
| <b>5b(1)</b> Name of plan(s)                                                                                                                                                                                                                                                                                                                                                                               | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |          |
| COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN                                                                                                                                                                                                                                                                                                                                                                  | 76-0536232          | 001                |          |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |          |
|                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                    |          |
| <b>5c</b> 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.) ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not determined<br>If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 441974 |                     |                    |          |

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/20/2021

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> | 0   |
| <b>2</b> 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):<br><br>EIN(s): 04-3275867 |          |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |     |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> | 213 |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                                        |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 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: 99.0 % Investment-Grade Debt: 0.0 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 1.0 %

**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 SCHEDULE

Jewish Hospital & St. Mary's HealthCare Pension Plan  
As of December 20, 2021 and December 31, 2020, and for the  
Period From January 1, 2021 Through December 20, 2021  
and for the Year Ended December 31, 2020  
With Report of Independent Auditors

Ernst & Young LLP



# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Financial Statements and Supplemental Schedule

As of December 20, 2021 and December 31, 2020, and for the Period From January 1, 2021  
Through December 20, 2021 and for the Year Ended December 31, 2020

### Contents

|                                                                  |    |
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## Report of Independent Auditors

The Plan Administrator  
Jewish Hospital & St. Mary's HealthCare Pension 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 Jewish Hospital & St. Mary's HealthCare Pension 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 20, 2021, and the related statement of changes in net assets available for benefits for the period from January 1, 2021 through December 20, 2021, 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 5 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 Schedule Required by ERISA*

The supplemental schedule of reportable transactions for the period from January 1, 2021 through December 20, 2021 (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is 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 schedule, other than the information in the supplemental schedule 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 schedule 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 December 20, 2021, 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

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Statements of Net Assets Available for Benefits

|                                   | <b>December 20,<br/>2021</b> | <b>December 31,<br/>2020</b> |
|-----------------------------------|------------------------------|------------------------------|
| <b>Assets</b>                     |                              |                              |
| Non-interest-bearing cash         | \$ —                         | \$ 2,330,403                 |
| Investments, at fair value:       |                              |                              |
| Common collective trusts          | —                            | 132,528,633                  |
| Interest-bearing cash             | —                            | 1,006,153                    |
| Total investments, at fair value  | —                            | 133,534,786                  |
| Receivables:                      |                              |                              |
| Interest and dividends            | —                            | 11                           |
| Total receivables                 | —                            | 11                           |
| Total assets                      | —                            | 135,865,200                  |
| <b>Liabilities</b>                |                              |                              |
| Due to broker                     | —                            | 200,100                      |
| Total liabilities                 | —                            | 200,100                      |
| Net assets available for benefits | <b>\$ —</b>                  | <b>\$ 135,665,100</b>        |

*See accompanying notes.*

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Statements of Changes in Net Assets Available for Benefits

|                                                                                          | Period From<br>January 1,<br>2021 Through<br>December 20,<br>2021 |               | Year Ended<br>December 31,<br>2020 |              |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------|------------------------------------|--------------|
| <b>Additions</b>                                                                         |                                                                   |               |                                    |              |
| Investment income:                                                                       |                                                                   |               |                                    |              |
| Interest and dividends                                                                   | \$                                                                | 517           | \$                                 | 148,217      |
| Net investment gain from plan interest in<br>CSH Master Trust, formerly CHI Master Trust |                                                                   | —             |                                    | 3,544,802    |
| Net appreciation in fair value of investments                                            |                                                                   | 2,569,244     |                                    | 13,343,264   |
| Total investment income                                                                  |                                                                   | 2,569,761     |                                    | 17,036,283   |
| Total additions                                                                          |                                                                   | 2,569,761     |                                    | 17,036,283   |
| <b>Deductions</b>                                                                        |                                                                   |               |                                    |              |
| Benefits paid to participants                                                            |                                                                   | 12,604,753    |                                    | 26,722,410   |
| Administrative expenses                                                                  |                                                                   | 884,076       |                                    | 846,081      |
| Total deductions                                                                         |                                                                   | 13,488,829    |                                    | 27,568,491   |
| Net decrease                                                                             |                                                                   | (10,919,068)  |                                    | (10,532,208) |
| Transfer to other plan ( <i>Note 1</i> )                                                 |                                                                   | (124,746,032) |                                    | —            |
| Net assets available for benefits at:                                                    |                                                                   |               |                                    |              |
| Beginning of period                                                                      |                                                                   | 135,665,100   |                                    | 146,197,308  |
| End of period                                                                            | \$                                                                | —             | \$                                 | 135,665,100  |

*See accompanying notes.*

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Notes to Financial Statements

December 20, 2021

### **1. Description of the Plan**

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

#### **General**

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

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

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

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 were used to acquire common collective trusts.

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Notes to Financial Statements (continued)

### **1. Description of the Plan (continued)**

#### **2021 Merger**

Effective December 20, 2021, the Plan merged into the St. Luke's Health System Retirement Plan, which was subsequently renamed CommonSpirit Health ERISA Retirement Plan (ERISA Retirement Plan). The net assets, amounting to \$124,746,032, in the Plan were transferred to the ERISA Retirement Plan prior to December 31, 2021. The following describes the Plan just prior to the merger.

On September 14, 2021, the Human Resources and Compensation Committee of the Plan Sponsor voted to terminate the ERISA Retirement Plan effective at a date determined by the Chief Human Resources Officer or the Senior Vice President, Benefits.

#### **Contributions**

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

#### **Funding Policy**

The Sponsor agreed to voluntarily contribute such additional amounts as were necessary to provide assets sufficient to meet the benefits to be paid to plan members. The Plan met the ERISA minimum funding requirements for the period ended December 20, 2021, and the year ended December 31, 2020.

#### **Administrative Expenses**

The Plan's expenses were 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 were 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.

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Notes to Financial Statements (continued)

### **1. Description of the Plan (continued)**

#### **Pension Benefits**

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

#### **Vesting**

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

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

### **2. Summary of Significant Accounting Policies**

#### **Basis of Accounting**

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

#### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

#### **Use of Estimates**

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

# Jewish Hospital & St. Mary's HealthCare Pension 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 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.
- 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.
- 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.

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

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Notes to Financial Statements (continued)

### **2. Summary of Significant Accounting Policies (continued)**

For additional information on the fair value measurements of the investment securities within the Plan, see Note 4.

#### **Income Recognition**

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

#### **Actuarial Present Value of Accumulated Plan Benefits**

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

### **3. Accumulated Plan Benefits**

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

## Jewish Hospital & St. Mary's HealthCare Pension Plan

### Notes to Financial Statements (continued)

#### 3. Accumulated Plan Benefits (continued)

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

|                                                            |                              |
|------------------------------------------------------------|------------------------------|
| Actuarial present value of accumulated plan benefits:      |                              |
| Vested benefits:                                           |                              |
| Participants and beneficiaries receiving benefits          | \$ 24,114,156                |
| Other participants                                         | 83,272,323                   |
| Total vested benefits                                      | <u>107,386,479</u>           |
| Non-vested benefits                                        |                              |
| Other benefits attributable to service rendered            | 67,714                       |
| Total actuarial present value of accumulated plan benefits | <u><u>\$ 107,454,193</u></u> |

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

|                                                         |                              |
|---------------------------------------------------------|------------------------------|
| Actuarial present value of accumulated plan benefits at |                              |
| January 1, 2020                                         | \$ 113,854,970               |
| Increase (decrease) during the year attributable to:    |                              |
| Actuarial losses                                        | 3,129,262                    |
| Decrease in discount rate                               | 6,848,516                    |
| Benefits paid                                           | (26,722,410)                 |
| Assumption changes                                      | 10,343,855                   |
| Net decrease                                            | <u>(6,400,777)</u>           |
| Actuarial present value of accumulated plan benefits at |                              |
| December 31, 2020                                       | <u><u>\$ 107,454,193</u></u> |

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Notes to Financial Statements (continued)

### 3. Accumulated Plan Benefits (continued)

The significant actuarial assumptions underlying the actuarial computations at December 31, 2020 and 2019, are as follows:

| Mortality basis           | 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<br><br>Prior year assumption: Separate rates for non-annuitants based on the Pri-2012 employees table without collar or amount adjustments and annuitants based on the Pri-2012 combined nondisabled annuitants table without collar or amount adjustments projected using a modified version of the MP-2020 generational improvement scale |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------------|------|-------|-------|------|-------|------|----|------|-------|------|----|------|-------|------|----|-------|--|
| Retirement age assumption | <table><tr><th>Age</th><th>Rate</th></tr><tr><td>55</td><td>15.0%</td></tr><tr><td>56–58</td><td>10.0</td></tr><tr><td>59–60</td><td>15.0</td></tr><tr><td>61</td><td>10.0</td></tr><tr><td>62–64</td><td>20.0</td></tr><tr><td>65</td><td>50.0</td></tr><tr><td>66–69</td><td>30.0</td></tr><tr><td>70</td><td>100.0</td></tr></table>                                                                                                                                                                                                                                                                                                                      | Age  | Rate               | 55   | 15.0% | 56–58 | 10.0 | 59–60 | 15.0 | 61 | 10.0 | 62–64 | 20.0 | 65 | 50.0 | 66–69 | 30.0 | 70 | 100.0 |  |
| Age                       | Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 55                        | 15.0%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 56–58                     | 10.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 59–60                     | 15.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 61                        | 10.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 62–64                     | 20.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 65                        | 50.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 66–69                     | 30.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 70                        | 100.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| Withdrawal assumption     | Sample ages for greater than three years of service<br><table><tr><th>Age</th><th>2020 and 2019 Rate</th></tr><tr><td>25</td><td>22.5%</td></tr><tr><td>30</td><td>20.0</td></tr><tr><td>35</td><td>17.5</td></tr><tr><td>40</td><td>15.0</td></tr><tr><td>45</td><td>12.5</td></tr><tr><td>50</td><td>10.0</td></tr><tr><td>55</td><td>7.5</td></tr></table>                                                                                                                                                                                                                                                                                                | Age  | 2020 and 2019 Rate | 25   | 22.5% | 30    | 20.0 | 35    | 17.5 | 40 | 15.0 | 45    | 12.5 | 50 | 10.0 | 55    | 7.5  |    |       |  |
| Age                       | 2020 and 2019 Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 25                        | 22.5%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 30                        | 20.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 35                        | 17.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 40                        | 15.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 45                        | 12.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 50                        | 10.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 55                        | 7.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| Assumed rate of return    | <table><tr><th>Year</th><th>Rate</th></tr><tr><td>2021</td><td>5.3%</td></tr><tr><td>2020</td><td>6.8</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Year | Rate               | 2021 | 5.3%  | 2020  | 6.8  |       |      |    |      |       |      |    |      |       |      |    |       |  |
| Year                      | Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 2021                      | 5.3%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |
| 2020                      | 6.8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                    |      |       |       |      |       |      |    |      |       |      |    |      |       |      |    |       |  |

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Notes to Financial Statements (continued)

### 3. Accumulated Plan Benefits (continued)

|                   |                     |             |
|-------------------|---------------------|-------------|
| Cash balance rate | <b>Current Year</b> | <b>Rate</b> |
|                   | <b>Year</b>         |             |
|                   | 2021–2026           | 3.8%        |
|                   | 2027–2031           | 4.0         |
|                   | 2032+               | 4.5         |
|                   | <b>Prior Year</b>   | <b>Rate</b> |
|                   | <b>Year</b>         |             |
|                   | 2018–2026           | 3.8%        |
|                   | 2027–2031           | 4.0         |
|                   | 2032+               | 4.5         |

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

### 4. Fair Value Measurements

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

| December 20, 2021            |              |         |                |
|------------------------------|--------------|---------|----------------|
| Level 1                      | Level 2      | Level 3 | Total          |
| Interest-bearing cash        | \$ —         | \$ —    | \$ —           |
| Investments measured at NAV: |              |         |                |
| Common collective trusts     |              |         | —              |
| Total investments            |              |         | \$ —           |
| December 31, 2020            |              |         |                |
| Level 1                      | Level 2      | Level 3 | Total          |
| Interest-bearing cash        | \$ 1,006,153 | \$ —    | \$ 1,006,153   |
| Investments measured at NAV: |              |         |                |
| Common collective trusts     |              |         | 132,528,633    |
| Total investments            |              |         | \$ 133,534,786 |

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Notes to Financial Statements (continued)

### 4. Fair Value Measurements (continued)

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

|                                         | <b>December 20,<br/>2021</b> | <b>December 31,<br/>2020</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
|-----------------------------------------|------------------------------|------------------------------|---------------------------------|-------------------------------------|
|                                         | <b>Fair Value</b>            | <b>Fair Value</b>            |                                 |                                     |
| Common collective trusts <sup>(a)</sup> | \$ —                         | \$ 132,528,633               | Daily                           | 3 days                              |

<sup>(a)</sup>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.

### 5. Investments

All investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedules, including investments held at December 20, 2021 and December 31, 2020, net investment gain from plan interest in the CSH Master Trust, formerly the CHI Master Trust, net appreciation in fair value of investments, and interest and dividend income for the period from January 1, 2021 through December 20, 2021 and year ended December 31, 2020, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Northern Trust Company, the trustee of the Plan as of December 20, 2021 and December 31, 2020, and for the periods from January 1, 2021 through December 20, 2021 and May 1, 2020 through December 31, 2020, and BNY Mellon, the trustee of the Plan for the period from January 1, 2020 through April 30, 2020.

### 6. CSH Master Trust, Formerly the CHI Master Trust

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

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 20, 2021 or December 31, 2020.

# Jewish Hospital & St. Mary's HealthCare Pension Plan

## Notes to Financial Statements (continued)

### **7. Income Tax Status**

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

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

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

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

### **9. Risks and Uncertainties**

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

## Jewish Hospital & St. Mary's HealthCare Pension Plan

### Notes to Financial Statements (continued)

#### **10. 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 Schedule

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 Plan #003

Schedule H, Line 4j – Schedule of Reportable Transactions

Period Ended December 20, 2021

| Identity of Party Involved and Description of Asset                                               | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction | Net Gain (Loss) |
|---------------------------------------------------------------------------------------------------|----------------|---------------|---------------|---------------------------------------|-----------------|
| <b>Category (i) – A single transaction in excess of 5% of the fair value of plan assets</b>       |                |               |               |                                       |                 |
| CF BLACKROCK INTERMEDIATE GOVERNMENT BOND INDEX                                                   | \$ –           | \$ 14,223,909 | \$ 14,327,375 | \$ 14,223,909                         | \$ (103,466)    |
| CF BLACKROCK LNG DUR CORP CR SCREEN NONLEND FND                                                   | 10,259,500     | –             | 10,259,500    | 10,259,500                            | –               |
|                                                                                                   | –              | 38,460,128    | 38,433,417    | 38,460,128                            | 26,711          |
| CF BLACKROCK MSCI EAFE EQ IDX NON-LEND FUND                                                       | –              | 12,218,527    | 9,713,491     | 12,218,527                            | 2,505,036       |
| CF BLACKROCK RUSSELL 3000 NL FUND                                                                 | –              | 16,446,458    | 11,898,361    | 16,446,458                            | 4,548,097       |
| <b>Category (iii) – A series of transactions in excess of 5% of the fair value of plan assets</b> |                |               |               |                                       |                 |
| CF BLACKROCK INTERMEDIATE GOVERNMENT BOND INDEX                                                   | \$ 15,549,000  | \$ –          | \$ 15,549,000 | \$ 15,549,000                         | \$ –            |
|                                                                                                   | –              | 31,453,909    | 31,636,419    | 31,453,909                            | (182,510)       |
| CF BLACKROCK LNG DUR CORP CR SCREEN NONLEND FND                                                   | 10,487,500     | –             | 10,487,500    | 10,487,500                            | –               |
|                                                                                                   | –              | 42,258,828    | 42,332,349    | 42,258,828                            | (73,521)        |
| CF BLACKROCK DEVELOPED REAL ESTATE IDX NL FUND                                                    | –              | 6,788,543     | 5,204,135     | 6,788,543                             | 1,584,408       |
| CF BLACKROCK MSCI EAFE EQ IDX NON-LEND FUND                                                       | –              | 19,781,927    | 15,826,810    | 19,781,927                            | 3,955,117       |
| CF BLACKROCK RUSSELL 3000 NL FUND                                                                 | –              | 29,828,458    | 22,684,810    | 29,828,458                            | 7,143,648       |

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

| Attained Age | Attained Years of Credited Service <sup>1</sup> |     |     |       |       |       |       |       |       |           | Total |
|--------------|-------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|
|              | Under 1                                         | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over |       |
| Under 25     | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 25-29        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 30-34        | 0                                               | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 0     |
| 35-39        | 0                                               | 10  | 2   | 0     | 0     | 0     | 0     | 0     | 0     | 0         | 12    |
| 40-44        | 0                                               | 10  | 11  | 5     | 0     | 0     | 0     | 0     | 0     | 0         | 26    |
| 45-49        | 2                                               | 2   | 3   | 8     | 2     | 0     | 0     | 0     | 0     | 0         | 17    |
| 50-54        | 0                                               | 4   | 11  | 5     | 6     | 3     | 0     | 0     | 0     | 0         | 29    |
| 55-59        | 1                                               | 7   | 5   | 9     | 2     | 6     | 1     | 0     | 0     | 0         | 31    |
| 60-64        | 0                                               | 4   | 8   | 8     | 1     | 5     | 4     | 5     | 0     | 0         | 35    |
| 65-69        | 0                                               | 4   | 1   | 1     | 1     | 1     | 0     | 1     | 0     | 0         | 9     |
| 70 & over    | 0                                               | 2   | 1   | 0     | 1     | 0     | 1     | 1     | 0     | 0         | 6     |
| Total        | 3                                               | 43  | 42  | 36    | 13    | 15    | 6     | 7     | 0     | 0         | 165   |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.  
Plan Name: Jewish Hospital & St Mary's Healthcare Pension Plan  
EIN / PN: 61-1029768 / 003  
Plan Sponsor: Jewish Hospital & St Mary's Healthcare, Inc.  
Valuation Date: January 1, 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 | 4.72%                | 3.43%                    |

#### Annual rates of increase

|                                           |                                             |
|-------------------------------------------|---------------------------------------------|
| ■ Cash balance interest crediting rate    |                                             |
| ■ 2021-2026                               | 3.80%                                       |
| ■ 2027-2031                               | 4.00%                                       |
| ■ 2032+                                   | 4.50%                                       |
| ■ IRS 417(e)(3) applicable interest rates | Funding interest rates reflecting corridors |
| ■ 30 year treasury rate                   |                                             |
| ■ 2021                                    | 1.42%                                       |
| ■ 2022                                    | 2.50%                                       |
| ■ 2023-2026                               | 3.50%                                       |
| ■ 2027-2031                               | 4.00%                                       |
| ■ 2032+                                   | 4.50%                                       |

|                 |                                                     |
|-----------------|-----------------------------------------------------|
| Plan Name:      | Jewish Hospital & St Mary's Healthcare Pension Plan |
| EIN / PN:       | 61-1029768 / 003                                    |
| Plan Sponsor:   | Jewish Hospital & St Mary's Healthcare, Inc.        |
| Valuation Date: | January 1, 2021                                     |

## SCHEDULE SB ATTACHMENTS

### 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 \$675,000.

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 – Healthy and Disabled

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

#### Termination

Representative rates varying by age are shown below.

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

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## SCHEDULE SB ATTACHMENTS

**Disability incidence** None assumed.

**Retirement**

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

**417(e)(3) applicable mortality assumption**

417(e) applicable mortality for the current year.

**Benefit Commencement Date:**

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

**Form of payment**

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

**Percent married**

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

**Spouse age**

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

**Covered pay**

N/A

Plan Name: Jewish Hospital & St Mary's Healthcare Pension Plan  
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Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

### 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 benefits 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

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets

Plan Name: Jewish Hospital & St Mary's Healthcare Pension Plan  
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Plan Sponsor: Jewish Hospital & St Mary's Healthcare, Inc.  
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## SCHEDULE SB ATTACHMENTS

### Benefits not valued

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

### 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                                             |
|-------------------------------|--------------------------------------------------------|
| <b>Active Data Elements</b>   |                                                        |
| Frozen accrued benefit        | Average benefit for status rounded to the nearest \$10 |
| <b>Inactive Data Elements</b> |                                                        |
| Accrued benefit               | Average benefit for status rounded to the nearest \$10 |
| 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: Jewish Hospital & St Mary's Healthcare Pension Plan  
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## SCHEDULE SB ATTACHMENTS

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### Interest crediting rate

The plan credits interest to cash balance accounts using an estimate of the annual yield of 30-year Treasury securities, with a minimum rate of 3.80%. A select and ultimate rate best matches future expectations for the plan. Therefore, the rate through 2026 will be 3.8%, the rate from 2027 through 2031 will be 4.0% and the rate in 2032 and beyond will be 4.5%. After examining historical variability in this rate, we believe that the selected assumption does not significantly conflict with what would be reasonable based on a combination of market conditions at the measurement date and future expectations consistent with other economic assumptions used, other than the discount rate.

### Annuity to lump sum conversion rate for participants with prior plan (pre-cash balance) benefits

This conversion rate is an estimate of the annual yield of 30-year Treasury securities. A select and ultimate rate best matches future expectations for the plan. Therefore, the rate in 2022 will be 2.5%, the rate from 2023 through 2026 will be 3.5%, the rate from 2027 through 2031 will be 4.0% and the rate in 2032 and beyond will be 4.5%. For the valuation year, the actual 30-year Treasury 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 'Interest rates' since 417(e)(3) assumptions for funding purposes are prescribed by IRC §430 and related regulations.

### Plan Related Expenses

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

## Assumptions Rationale - Significant Demographic Assumptions

### Mortality

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

Plan Name: Jewish Hospital & St Mary's Healthcare Pension Plan  
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## SCHEDULE SB ATTACHMENTS

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### Termination

Termination rates were based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by withdrawal patterns different than assumed.

### Retirement

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.

### Benefit commencement date for deferred benefits

Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.

### Form of payment

The percentage of retiring participants assumed to take lump sums and annuities is based on expected future behavior.

## Source of Prescribed Methods

### Funding methods

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

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# SCHEDULE SB ATTACHMENTS

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## 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 to better reflect the expectations of CommonSpirit Health. With a minimum 3.80% interest crediting rate, this change in Treasury rate assumption did not change the assumed interest crediting rate.
- 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.

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## SCHEDULE SB ATTACHMENTS

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### 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: Jewish Hospital & St Mary's Healthcare Pension Plan  
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Plan Sponsor: Jewish Hospital & St Mary's Healthcare, Inc.  
Valuation Date: January 1, 2021

**See**

**Audited Financial Statements**

**For**

**Schedule of Reportable Transactions**

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                                         |                                                                                                                                                                                                               |                                                             |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/20/2021</u>                                                |                                                                                                                                                                                                               |                                                             |     |
| ► <b>Round off amounts to nearest dollar.</b>                                                                                                           |                                                                                                                                                                                                               |                                                             |     |
| ► <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                          |                                                                                                                                                                                                               |                                                             |     |
| <b>A</b> Name of plan<br>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN                                                                           | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">003</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ►                     | 003 |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                 | 003                                                                                                                                                                                                           |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.                               | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)<br/>61-1029768</td> </tr> </table>                                                   | <b>D</b> Employer Identification Number (EIN)<br>61-1029768 |     |
| <b>D</b> Employer Identification Number (EIN)<br>61-1029768                                                                                             |                                                                                                                                                                                                               |                                                             |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                                                                                                                                                               |                                                             |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                                                                                                                                                               |                                                             |     |

|               |                                                                                                                                                                                                           |                            |                           |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                  |                            |                           |
| <b>1</b>      | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                                  |                            |                           |
| <b>2</b>      | Assets:                                                                                                                                                                                                   |                            |                           |
|               | <b>a</b> Market value                                                                                                                                                                                     | <b>2a</b>                  | 135,865,200               |
|               | <b>b</b> Actuarial value                                                                                                                                                                                  | <b>2b</b>                  | 125,764,087               |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                                | (1) Number of participants | (2) Vested Funding Target |
|               | <b>a</b> For retired participants and beneficiaries receiving payment                                                                                                                                     | 412                        | 25,424,578                |
|               | <b>b</b> For terminated vested participants                                                                                                                                                               | 2,954                      | 81,695,605                |
|               | <b>c</b> For active participants                                                                                                                                                                          | 165                        | 4,800,075                 |
|               | <b>d</b> Total                                                                                                                                                                                            | 3,531                      | 111,920,258               |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                   |                            |                           |
|               | <b>a</b> Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | <b>4a</b>                  |                           |
|               | <b>b</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 | <b>4b</b>                  |                           |
| <b>5</b>      | Effective interest rate                                                                                                                                                                                   | <b>5</b>                   | 4.72%                     |
| <b>6</b>      | Target normal cost                                                                                                                                                                                        |                            |                           |
|               | <b>a</b> Present value of current plan year accruals                                                                                                                                                      | <b>6a</b>                  | 0                         |
|               | <b>b</b> Expected plan-related expenses                                                                                                                                                                   | <b>6b</b>                  | 654,750                   |
|               | <b>c</b> Total (line 6a + line 6b)                                                                                                                                                                        | <b>6c</b>                  | 654,750                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                          |                   |         |                               |                               |                             |              |           |                                        |                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|---------|-------------------------------|-------------------------------|-----------------------------|--------------|-----------|----------------------------------------|---------------------------------------------------------------------------------|--|
| <b>Statement by Enrolled Actuary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                          |                   |         |                               |                               |                             |              |           |                                        |                                                                                 |  |
| 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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                          |                   |         |                               |                               |                             |              |           |                                        |                                                                                 |  |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <table style="width:100%;"> <tr> <td style="width:60%; text-align: center;"> <br/>           Signature of actuary         </td> <td style="width:40%; text-align: center;"> <u>9/28/2022</u><br/>           Date         </td> </tr> <tr> <td style="text-align: center;">MICHAEL S ERAZMUS</td> <td style="text-align: center;">2006431</td> </tr> <tr> <td style="text-align: center;">Type or print name of actuary</td> <td style="text-align: center;">Most recent enrollment number</td> </tr> <tr> <td style="text-align: center;">WILLIS TOWERS WATSON US LLC</td> <td style="text-align: center;">312-525-2500</td> </tr> <tr> <td style="text-align: center;">Firm name</td> <td style="text-align: center;">Telephone number (including area code)</td> </tr> <tr> <td colspan="2">           233 SOUTH WACKER DRIVE<br/>           SUITE 1800<br/>           Chicago IL 60606<br/>           Address of the firm         </td> </tr> </table> | <br>Signature of actuary | <u>9/28/2022</u><br>Date | MICHAEL S ERAZMUS | 2006431 | Type or print name of actuary | Most recent enrollment number | WILLIS TOWERS WATSON US LLC | 312-525-2500 | Firm name | Telephone number (including area code) | 233 SOUTH WACKER DRIVE<br>SUITE 1800<br>Chicago IL 60606<br>Address of the firm |  |
| <br>Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                             | <u>9/28/2022</u><br>Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                          |                   |         |                               |                               |                             |              |           |                                        |                                                                                 |  |
| MICHAEL S ERAZMUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2006431                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                          |                   |         |                               |                               |                             |              |           |                                        |                                                                                 |  |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Most recent enrollment number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                          |                   |         |                               |                               |                             |              |           |                                        |                                                                                 |  |
| WILLIS TOWERS WATSON US LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 312-525-2500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                             |                          |                   |         |                               |                               |                             |              |           |                                        |                                                                                 |  |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Telephone number (including area code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                             |                          |                   |         |                               |                               |                             |              |           |                                        |                                                                                 |  |
| 233 SOUTH WACKER DRIVE<br>SUITE 1800<br>Chicago IL 60606<br>Address of the firm                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                          |                   |         |                               |                               |                             |              |           |                                        |                                                                                 |  |

## Part II Beginning of Year Carryover and Prefunding Balances

| 7 Form 706 (2008) |                                                                                                                                                                      | Beginning of Year Carryover and Prefunding Balances |                        |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------|
|                   |                                                                                                                                                                      | (a) Carryover balance                               | (b) Prefunding balance |
| <b>7</b>          | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                                                   | 0                      |
| <b>8</b>          | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                   | 0                      |
| <b>9</b>          | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                                                   | 0                      |
| <b>10</b>         | Interest on line 9 using prior year's actual return of <u>13.02</u> % .....                                                                                          | 0                                                   | 0                      |
| <b>11</b>         | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                                                     |                        |
|                   | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                     | 0                      |
|                   | <b>b(1)</b> 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>5.12</u> % ..... |                                                     | 0                      |
|                   | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                     | 0                      |
|                   | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                     | 0                      |
|                   | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                                                     | 0                      |
| <b>12</b>         | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                                                   | 0                      |
| <b>13</b>         | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                                                   | 0                      |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                 |           |         |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 112.31% |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 112.31% |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 112.74% |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %       |

|                |                                               |
|----------------|-----------------------------------------------|
| <b>Part IV</b> | <b>Contributions and Liquidity Shortfalls</b> |
|----------------|-----------------------------------------------|

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |         |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|---------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>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:

|                                                                                                                        |            |   |
|------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 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**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.32 %                                                                                                                       | 2nd segment:<br>4.79 % | 3rd segment:<br>5.47 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 60                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 654,750            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 654,750            |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>           | 0                  |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

|                                                                                  |                                                                                                                         |  |  |  |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |  |  |  |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |  |  |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |  |  |  |

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                     |
|--------------------------|-----------------------------------------------------|
| <b>Plan Sponsor</b>      | Jewish Hospital & St Mary's Healthcare, Inc.        |
| <b>EIN/PN</b>            | 61-1029768 / 003                                    |
| <b>Plan Name</b>         | Jewish Hospital & St Mary's Healthcare Pension Plan |
| <b>Valuation Date</b>    | January 1, 2021                                     |
| <b>Enrolled Actuary</b>  | Michael S Erazmus                                   |
| <b>Enrollment Number</b> | 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 is for the portion of the year before the Plan merged into the St. Luke's Health System Retirement Plan, EIN 76-0536232 Plan Number 001. Normal cost for the remainder of the plan year post-merger is included on the 2021 Schedule SB for the St. Luke's Health System Retirement Plan.

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

Average age at retirement 60.373035

Rounded for Schedule SB item 22 60

Plan Name: Jewish Hospital & St Mary's Healthcare Pension Plan  
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 Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

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## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

|                          |                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective date</b>    | The Plan was originally adopted January 1, 1965. It has been amended and restated numerous times. Benefits were frozen as of December 31, 2009. The plan was restated effective January 1, 2014 and most recently amended March 9, 2020.                                                                                                                                                          |
| <b>Eligible employee</b> | <p>An Employee employed by a Participating Company, with the following exceptions: union employees (unless the union has bargained participation in the plan), leased employees, non-resident aliens, physicians (who are not common law employees of the Company) and independent contractors.</p> <p>Eligibility for and Participation in the Plan were frozen effective December 31, 2009.</p> |
| <b>Entry date</b>        | June 30 and December 31 coincident with or next following the completion of 1 year of Eligibility or Credited Service.                                                                                                                                                                                                                                                                            |
| <b>Participation</b>     | Each Eligible Employee who was a Participant on the Effective Date of the restated Plan shall continue as a Participant. Eligibility for and Participation in the Plan were frozen effective December 31, 2009. No employee shall become a Participant after December 31, 2009.                                                                                                                   |

|                 |                                                     |
|-----------------|-----------------------------------------------------|
| Plan Name:      | Jewish Hospital & St Mary's Healthcare Pension Plan |
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| Plan Sponsor:   | Jewish Hospital & St Mary's Healthcare, Inc.        |
| Valuation Date: | January 1, 2021                                     |

# SCHEDULE SB ATTACHMENTS

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## Definitions

### **Vesting service**

All active participants are fully vested as of December 31, 2016.

Continuous employment measured from an employee's date of hire to December 31, 1992. For years 1992 - 2016, a year of Vesting Service is defined as a Plan Year in which 1,000 Hours of Service are performed. For years after December 31, 2016, vesting service is elapsed time.

Vesting Service completed prior to Breaks-in-Service shall be included if the number of consecutive Breaks-in-Service is less than the greater of (i) five or (ii) the number of Years of Vesting Service prior to the break.

Vesting Service includes service with related employers, up to two years of authorized absence, and military service (provided the participant returns to employment).

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

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## Credited service

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

(a) Prior to 1976:

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

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

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

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

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

(c) For periods after 1992:

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

No Credited Service is granted for periods after 2009.

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

## Average monthly compensation

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

Compensation after 2009 is not included.

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## Eligibility for Benefits

**Normal retirement** First day of month coincident with or next following 65th birthday.

**Early retirement** A Full Early Retirement Date is the first day of any month coincident with or following the Participant's employment severance date but before age 65 if the Participant's benefit is based on his Grandfathered Benefit or a Prior Plan Benefit and the Participant has attained age 55 and 10 years of Vesting Service.

A Service Eligible Early Retirement Date is the first day of any month coincident with or following the Participant's employment severance date if the Participant's benefit is based on a Grandfathered Benefit or a Prior Plan Benefit and the Participant has 10 years of Vesting Service but has not yet attained age 55.

**Late retirement** After Normal Retirement Date

**Termination** 3 years of Vesting Service for participants who had an Hour of Service after December 31, 2007; otherwise, 5 years of Vesting Service. A participant is automatically vested upon the earlier of December 31, 2016 or reaching his Normal Retirement Date

**Disability** Age 50 with 10 years of Vesting Service and eligible for Social Security disability benefits.

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

**Preretirement death benefit** Upon death and prior to commencement of benefits.

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## Benefits Paid Upon the Following Events

### Normal retirement

Prior to 1989:

- (a) 1.8% of Average Monthly Compensation multiplied by Credited Service to nearest one-tenth year, minus
- (b) the monthly primary Social Security Benefit times the lesser of i) 50% or ii) 1.8% times Credited Service to the nearest one-tenth year.

1989 to 1999:

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

After 1999:

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

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

After 2009:

Benefit accruals were frozen at December 31, 2009.

|                 |                                                     |
|-----------------|-----------------------------------------------------|
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### Early retirement

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

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

### Late retirement benefit

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

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

|                 |                                                     |
|-----------------|-----------------------------------------------------|
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| Valuation Date: | January 1, 2021                                     |

## SCHEDULE SB ATTACHMENTS

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### **Vested benefit**

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

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

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

For Prior Plan Benefits or Grandfathered Benefits: The benefit is reduced actuarially to reflect all additional months by which his benefit commencement date precedes age 65. Actuarial equivalence is based on the RP 2000 Mortality Table and an interest rate of 7%.

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

### **Disablement**

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

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

|                 |                                                     |
|-----------------|-----------------------------------------------------|
| Plan Name:      | Jewish Hospital & St Mary's Healthcare Pension Plan |
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## Preretirement death benefit

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

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

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

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

## Other Plan Provisions

### Normal forms of benefit

For a Participant without an Eligible Spouse - Single Life Annuity

For a Participant with an Eligible Spouse – A Qualified Joint and Survivor Annuity (50%)

### Optional forms of benefit

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

Lump Sum factors are based on the following:

- (a) If the Participant is a Terminated Vested Participant and to the extent such benefit is based on his Grandfathered or Prior Plan Benefit: (i) The Applicable Mortality Table and the Annual Applicable Interest Rate or (ii) The GATT Factors – whichever factors produce the greater amount.

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(b) If the Participant is a Service Eligible Retiree, a Full Early Retiree or Normal Retiree, and to the extent such benefit is based on his Grandfathered or Prior Plan Benefit:

(i) Actuarial Equivalence based on the RP 2000 Mortality Table and a 7% interest rate, (ii) The Applicable Mortality Table and the annual Applicable Interest Rate, or (iii) the GATT Factors – whichever factors produce the greater amount.

(c) To the extent that such benefit is based on the Participant's Pay Credit or Match Benefit – the Applicable Mortality Table and Annual Applicable Interest Rate but not less than the Pay Credit Account Balance or the Match Benefit Account Balance at Benefit Commencement. The Applicable Mortality Table and Annual Applicable Interest Rates are defined in IRC Section 417(e)(3)(B) and (C) respectively.

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

All other Optional Form of Payment Factors are the Actuarial Equivalent based the RP 2000 Mortality Table and a 7% interest rate.

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

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

### **Grandfathered participant**

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

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

|                 |                                                     |
|-----------------|-----------------------------------------------------|
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| Valuation Date: | January 1, 2021                                     |

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**Points**

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

**Accrued monthly benefit**

Prior to 1989:

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

After 1989:

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

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### Pay credit account

At December 31, 1999, a Pay Credit Account was established for each active participant equal to the lump sum value of the December 31, 1999 Accrued Monthly Benefit using a 7% interest rate and the UP- 84 Mortality Table set back 3 years. The Pay Credit Account increases from year to year by Investment Credits and Pay Credits. No pay credits are earned after December 31, 2009. However, the Pay Credit Account continues to receive Investment Credits until a Participant commences his benefit.

#### Investment Credits

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

#### Pay Credits prior to 2010

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

### Pay credits after 2009

No Pay Credits are earned.

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

|                 |                                                     |
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### Match credit account after 2008

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

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

#### Match Credits prior to 2009

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

### Pension Increases

None

### Plan participants' contributions

None

### Maximum limits on benefits and pay

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

### Future Plan Changes

None

### Changes in Benefits Valued Since Prior Year

None

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### 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. With a minimum 3.80% interest crediting rate, this change in Treasury rate assumption did not change the assumed interest crediting rate.

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