

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>DIGNITY HEALTH 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>020</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>020</u>	1c Effective date of plan <u>01/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>020</u>				
1c Effective date of plan <u>01/01/1999</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DIGNITY HEALTH</u> <u>185 BERRY ST</u> <u>SUITE 300</u> <u>SAN FRANCISCO, CA 94107-1728</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-1196203</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>415-438-5500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-1196203</u>	2c Plan Sponsor's telephone number <u>415-438-5500</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>94-1196203</u>					
2c Plan Sponsor's telephone number <u>415-438-5500</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1824
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 733
a(2) Total number of active participants at the end of the plan year		6a(2) 850
b Retired or separated participants receiving benefits.....		6b 67
c Other retired or separated participants entitled to future benefits		6c 1066
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1983
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 15
f Total. Add lines 6d and 6e		6f 1998
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 1829
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2J 2K 2T 3H 2R 2E		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan DIGNITY HEALTH 401(K) PLAN	B Three-digit plan number (PN) ▶ 020
C Plan sponsor's name as shown on line 2a of Form 5500 DIGNITY HEALTH	D Employer Identification Number (EIN) 94-1196203

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	24012	848	01/01/2021	01/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	10328597
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	10547474
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c	Additions: (1) Contributions deposited during the year	7c(1)	261115	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	262997	
	(4) Transferred from separate account.....	7c(4)	821546	
	(5) Other (specify below)	7c(5)	6677	

▶ LOAN REPAYMENTS ADJUSTMENTS FOR CREDITS

(6) Total additions	7c(6)	1352335
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d Total of balance and additions (add lines 7b and 7c(6))	7d	11899809
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	723909	
(2) Administration charge made by carrier.....	7e(2)	16171	
(3) Transferred to separate account.....	7e(3)	818598	
(4) Other (specify below)	7e(4)	12534	

▶ LOAN WITHDRAWAL FOR DEBIT

(5) Total deductions	7e(5)	1571212
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	10328597
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan DIGNITY HEALTH 401(K) PLAN	B Three-digit plan number (PN) ▶	020
C Plan sponsor's name as shown on line 2a of Form 5500 DIGNITY HEALTH	D Employer Identification Number (EIN) 94-1196203	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(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 INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	42654	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AB DISC GRTH I - ALLIANCEBERNSTEIN 18, RUE EUGNE RUPPERT LUXEMBOURG, LU L-245 LU	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BARON GROWTH INST - DST SYSTEMS IN 43-1581814	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
LZRD INTL STR EQ IS - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PARNASSUS CORE EQ IS - ULTIMUS FUN 31-1663251	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BNY MELLON SMALLCAP STOCK INDEX IN 144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE, NY 11556	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BUFFALO DISCOVERY FUND 615 E. MICHIGAN STREET MILWAUKEE, WI 53202	0.40%	

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
DF DENT MIDCAP GROWTH FUND INVESTO	2 EAST READ ST 6TH FLOOR BALTIMORE, MD 21202	0.12%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
JANUS HENDERSON GLBLEQUITY INCOME 151 DETROIT ST. DENVER, CO 80206	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
LOOMIS SAYLES GLOBAL BOND RETAIL	399 BOYLSTON STREET 8TH FL BOSTON, MA 02116	0.35%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
MORGAN STA INST INC.INCEPTION PORT 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PFG AMERICAN FUNDS GROWTH STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PFG AMERICAN FDS CONS INC STRAT CL 777 108TH AVE NE STE 2100 BELLEVUE, WA 98004	0.40%	

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
OIL EQUIPMENT & SVC ULTRASECT PROF 7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
VIRTUS ALLIANZGI CONVERTIBLE A 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
WESTERN ASSET CORE PLUS BOND FUND 620 8TH AVENUE 49TH FL. NEW YORK, NY 10018	0.35%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>DIGNITY HEALTH 401(K) PLAN</u>	B Three-digit plan number (PN) <u>020</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DIGNITY HEALTH</u>	D Employer Identification Number (EIN) <u>94-1196203</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2005 J</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>61-6434302-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>599625</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2010 J</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>32-6199795-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2381694</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2015 J</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6941654-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2572761</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2020 J</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7594871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7276340</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2025 J</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>37-6495447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8979651</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2030 J</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>38-7010946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5985524</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP RETIRE 2035 J</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7595013-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6200890</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIRE 2040 J**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 35-6941729-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4298249
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIRE 2045 J**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 32-6199848-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2484134
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIRE 2050 J**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1413958
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIRE 2055 J**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 35-6941728-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1259541
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIRE 2060 J**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 47-1088316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 308479
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP RETIRE 2065 J**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE TRUST COMPANY**

c EIN-PN 85-1763138-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8397
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a Name of MTIA, CCT, PSA, or 103-12 IE: **AC US VAL YIELD TR 2**

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

c EIN-PN 27-0573048-019	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1382036
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BTC EQUITY INDEX W**

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

c EIN-PN 86-1922600-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10323650
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BTC EXTENDED MKTS M**

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

c EIN-PN 86-1965666-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3299073
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a Name of MTIA, CCT, PSA, or 103-12 IE: **BTC ACWI EX US IMI J**

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

c EIN-PN 86-1966025-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210763
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC US DEBT INDEX J

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

c EIN-PN 86-1997298-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1254847
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM CORE PLUS CL H

b Name of sponsor of entity listed in (a): FIDELITY INSTIT ASSET MANAGEMENT TRUST CO

c EIN-PN 20-4659714-052	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2121588
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan DIGNITY HEALTH 401(K) PLAN	B Three-digit plan number (PN) ►	020
C Plan sponsor's name as shown on line 2a of Form 5500 DIGNITY HEALTH	D Employer Identification Number (EIN) 94-1196203	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	101508	129651
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	277995	201253
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	839983	774536
(9) Value of interest in common/collective trusts	1c(9)	0	62361200
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	81469839	21271719
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	10547474	10328597
(15) Other.....	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 0	0
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 93236799	95066956
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h 0	0
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 0	28
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 0	28
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l 93236799	95066928

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 955218	
	(B) Participants	2a(1)(B) 1673244	
	(C) Others (including rollovers).....	2a(1)(C) 464941	
(2)	Noncash contributions.....	2a(2) 0	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	3093403
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 22	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 0	
	(D) Loans (other than to participants)	2b(1)(D) 0	
	(E) Participant loans.....	2b(1)(E) 43467	
	(F) Other	2b(1)(F) 263706	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	307195
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 448	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 2827445	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	2827893
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 1337949	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 1207482	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	
	(B) Other	2b(5)(B) -9684	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		3905070
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4804789
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		15059133
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13178669	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		13178669
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		5680
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	44655	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		44655
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13229004
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1830129
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan.....	2l(2)		0

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: WALTERS & SKLYAR LLP

(2) EIN: 47-5677171

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		45000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

A Name of plan DIGNITY HEALTH 401(K) PLAN	B Three-digit plan number (PN) ► 020
C Plan sponsor's name as shown on line 2a of Form 5500 DIGNITY HEALTH	D Employer Identification Number (EIN) 94-1196203

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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

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

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

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 _____

DIGNITY HEALTH 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

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Walters & Sklyar LLP

Independent Auditors' Report

To the Administrative Committee of the
Dignity Health 401(k) Plan
San Francisco, California

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Dignity Health 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Dignity Health 401(k) Plan's 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 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Dignity Health 401(k) 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 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Dignity Health 401(k) Plan's ability to continue as a going concern for one year after the date 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Dignity Health 401(k) 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 Dignity Health 401(k) 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.

Supplemental Schedule Required by ERISA

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental 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).

Walters & Sklyar LLP

Woodland Hills, California

October 14, 2022



Walters & Sklyar LLP

Independent Auditors' Report

To the Administrative Committee of the
Dignity Health 401(k) Plan
San Francisco, California

We were engaged to audit the accompanying statement of net assets available for benefits of Dignity Health 401(k) Plan as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

**Report on Form and Content in Compliance With DOL Rules and Regulations for 2020
Financial Statement**

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Walters & Sklyar LLP

Woodland Hills, California

October 14, 2022

DIGNITY HEALTH 401(k) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ASSETS:		
Investments, participant-directed:		
At contract value:		
Fixed-interest option	\$ <u>10,328,597</u>	\$ <u>10,547,474</u>
Total investments, at contract value	<u>10,328,597</u>	<u>10,547,474</u>
At fair value:		
Interest-bearing cash	129,651	101,508
Mutual funds	21,271,719	81,469,839
Common/collective trust funds	62,361,200	-
Common stock	<u>201,225</u>	<u>277,995</u>
Total investments, at fair value	<u>83,963,795</u>	<u>81,849,342</u>
Total investments, participant-directed	<u>94,292,392</u>	<u>92,396,816</u>
Receivables:		
Employer contributions	4,689	5,384
Participant contributions	-	337
Notes receivable from participants	<u>774,536</u>	<u>839,983</u>
Total receivables	<u>779,225</u>	<u>845,704</u>
Total assets	<u>95,071,617</u>	<u>93,242,520</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>95,071,617</u>	\$ <u>93,242,520</u>

The accompanying notes are an integral part
of the financial statements

DIGNITY HEALTH 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net change in fair value of investments	\$ 8,830,642
Interest	263,728
Dividends	<u>2,827,893</u>

Total investment income 11,922,263

Interest income on notes receivable from participants 43,467

Contributions:

Employer	954,523
Participants	1,672,907
Rollovers	<u>464,941</u>

Total contributions 3,092,371

Total additions 15,058,101

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	13,178,669
Deemed distributions of notes receivable from participants	5,680
Administrative expenses	<u>44,655</u>

Total deductions 13,229,004

Net change 1,829,097

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 93,242,520

End of year \$ 95,071,617

The accompanying notes are an integral part
of the financial statements

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Dignity Health 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information on the Plan's provisions.

General

The Plan is a defined contribution plan, qualifies as a 401(k) plan, and was established effective January 1, 1999 as the TrinityCare, LLC 401(k) Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (IRC). Effective April 1, 2013, Dignity Health (the Company), the parent company of TrinityCare, LLC, amended and restated the Plan, assumed sponsorship of the Plan, and renamed it the Dignity Health 401(k) Plan. The Plan is currently a multiple employer defined contribution plan administered by the Company.

From February 2013 through December 2015, the Plan was frozen to all new contributions and new participants. Starting in 2014, Dignity Health has been consolidating the retirement plans of its existing subsidiaries as well as newly acquired entities in order to streamline plan administration. During the Plan year ended December 31, 2015, St. Joseph's Regional Health System Employees' Salary Savings Plan was merged into the Plan. During the Plan year ended December 31, 2016, the plans sponsored by the Templeton Surgery Center (Templeton) and Inland Health Organization of Southern California, Inc. (IHOSC) were merged into the Plan, and their total plan assets in the amount of \$744,370, including notes receivable from participants in the amount of \$5,962, were transferred in. The Plan was amended effective January 1, 2016 to allow contributions for the participants who are employees of Templeton and IHOSC. During the Plan year ended December 31, 2018, Bakersfield Memorial Hospital Money Purchase Pension Plan, Dignity Health Medical Foundation Profit Sharing Plan, as well as the plans sponsored by the Medical Care Systems (MSC) and Arizona General Hospital were merged into the Plan. Total plan assets in the amount of \$34,757,347, including notes receivable from participants in the amount of \$372,356, were transferred in during the year ended December 31, 2018. The merged plans had been frozen to new contributions and new participants.

Dignity Health Medical Services Organization (DHMSO) has been formed in January 2018, and the employees of IHOSC and MSC have been transferred to DHMSO. The Plan was amended to allow contributions for eligible employees of DHMSO.

Effective February 1, 2019, CommonSpirit Health was formed by the alignment of Catholic Health Initiatives and Dignity Health.

The Plan was also amended at various dates through December 31, 2021 to comply with applicable laws and regulations.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Plan Administration

The Company is the administrator of the Plan and is responsible for managing its day-to-day operations. The Plan's trustee, Fidelity Management Trust Company (Fidelity), is responsible for the recordkeeping, custody, and management of the Plan's assets.

Contributions

Eligible participants may elect to defer their compensation as an employee contribution, subject to certain limitations under the IRC. Participants may also contribute rollovers representing distributions from other qualified plans. Plan participants over the age of 50 may defer catch-up contributions, subject to IRC limitations.

Eligible participants employed by IHOSC receive employer matching contributions dollar for dollar up to the first 4% of the participant's compensation. Eligible participants employed by Templeton receive employer matching contributions at 50% of the participant's contributions up to the first 6% of the participant's compensation.

Participants direct the investment of their contributions and their share of employer contributions into various investment options offered by the Plan, and they may change their investment elections anytime.

Vesting

Participants are fully vested in their voluntary contributions, as well as employer matching contributions under the merged IHOSC 401k Plan, plus actual earnings thereon. Vesting in the employer matching contributions under the merged Templeton 401k Plan plus earnings thereon is based upon years of credited service, becoming fully vested after four years of credited service.

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures may be used to offset any administrative expenses of the Plan or reduce employer contributions that would otherwise be made to the Plan. During the year ended December 31, 2021, no forfeitures were used to pay for administrative expenses. As of December 31, 2021 and 2020, forfeitures available for future use amounted to \$7,587 and \$11,511, respectively.

DIGNITY HEALTH 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions (including those rolled over from another qualifying plan or trust) and related employer contributions, as well as the participant's share of the Plan's income and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution or installment payments equal to the participant's vested account balance. Participants should refer to their Plan agreement for more information.

If the vested account balance is \$1,000 or less, the entire balance will be paid out by distributing the vested interest in participant's account in a single-sum payment.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum amount as determined by the Company up to a maximum limited to the lesser of: (1) \$50,000 or (2) 50% of the participant's vested account balance. Each note receivable bears a reasonable rate of interest, which is determined by the plan administrator, and must be repaid on an installment basis over a period not to exceed five years, unless the loan is used by the participant to acquire a principal residence.

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded in the accompanying statement of changes in net assets available for benefits as administrative expenses. Audit fees and other administrative expenses are paid by the Company.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements, and the reported amounts of additions and deductions during the reporting period. The most important of these estimates and assumptions relate to fair value measurements of the Plan's investments. These and other estimates and assumptions are based on the best available information but actual results could be materially different from those estimates.

Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 in the accompanying statements of net assets available for benefits.

In March 2020, the World Health Organization declared the outbreak of novel coronavirus disease (COVID-19) as a pandemic. In response to the COVID-19 pandemic, the U.S. Congress enacted the Coronavirus Aid, Relief and Economic Security Act (CARES Act) on March 27, 2020, which among other things, includes provisions that impacted retirement plan rules for 2020. As provided in the CARES Act, the plan administrator has elected to allow qualified individuals impacted by the virus to withdraw up to \$100,000 from their retirement accounts without penalty, regardless of their age. The plan administrator has also elected to allow impacted participants to defer their loan payments until December 31, 2020. The extent to which the COVID-19 pandemic may materially impact the Plan's investment values in subsequent periods still remains highly uncertain.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Valuation of Investments

In accordance with GAAP, all assets of the Plan are stated at fair value or amounts approximating fair value. Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price).

Investment Contract

The Plan entered into an investment contract with The Variable Annuity Life Insurance Company (VALIC), now known as AIG Retirement Services, through its Fixed-Interest Option (the Fund), which is a fully benefit responsive investment contract and is reported at contract value. The Fund is a group annuity contract managed by VALIC that invests in the general account assets of VALIC and offers guaranteed crediting rates specified in advance of participant investments. The VALIC general account invests in a diversified portfolio of bonds, mortgages, cash and short-term investments, equity-related investments, and policy loans. Unit price, yield, and return will vary.

The Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses as allowed by the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Recognition of Income and Net Change in Fair Value of Investments

Sales and purchases are accounted for on a trade-date basis, and interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net change in fair value of investments includes realized and unrealized gains and losses on investments sold or held during the year.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when earned.

DIGNITY HEALTH 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Benefits

Benefit payments to participants are recorded when paid.

Recent Accounting Pronouncements

In the normal course of business, the Plan evaluates all new accounting pronouncements to determine the potential impact they may have on its financial statements. Based upon this review, the Plan does not expect any of the recently issued accounting pronouncements, which have not already been adopted by the Plan, to have a material impact on its financial statements.

Subsequent Events

The Plan evaluated for recognition or disclosure subsequent events through the report issuance date and determined that no such events were identified.

NOTE 3 - TAX STATUS

The Plan obtained its latest determination letter dated July 17, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator believes that the Plan is designed and operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

In accordance with GAAP, the Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there were no uncertain positions taken or expected to be taken. As a result, the Plan has recognized no interest or penalties related to uncertain tax positions.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to tax examinations for years prior to 2018.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 - PLAN AMENDMENT AND TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan document to discontinue its contributions at any time and to amend or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested for any portion of their accounts not fully vested previously.

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan has certified to the completeness and accuracy of investments (see table below) reflected in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021, as well as the related investment activity reflected in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021.

Completeness and accuracy of investments certified by the trustee of the Plan is as follows at December 31:

	<u>2021</u>	<u>2020</u>
Investments:		
Fixed-interest option	\$ 10,328,597	\$ 10,547,474
Interest-bearing cash	\$ 129,651	\$ 101,508
 Mutual funds	 \$ 21,271,719	 \$ 81,469,839
Common/collective trust funds	\$ 62,361,200	\$ -
Common stock	\$ 201,225	\$ 277,995

Completeness and accuracy of related investment activity certified by the trustee of the Plan is as follows for the year ended December 31, 2021:

Investment income:	
Net change in fair value of investments	\$ 8,830,642
Interest	\$ 263,728
Dividends	\$ 2,827,893

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS

The fair value hierarchy prioritized the inputs to valuation techniques used to measure fair value into three levels, with the highest priority given to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority given to unobservable inputs (Level 3). The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value:

- *Mutual funds and common stock:* Valued at quoted market prices of shares held by the Plan at year-end.
- *Common/collective trust funds:* Valued using the market approach at a unit price (net asset value as a practical expedient) determined by the portfolio's sponsor based on the fair value of underlying investments held by the common collective trust fund on the last business day of the Plan year.

In accordance with GAAP, common/collective trust funds are not classified in the fair value hierarchy table. The fair values are included in the table to allow reconciliation of the fair value hierarchy to the fair value of investments per the statements of net assets available for benefits. The common/collective trust funds measured at net asset value (NAV) may impose, in its sole discretion, a prior notice period of up to 12 months for Plan initiated withdrawal of assets. They may also require that within 90 days from withdrawal from the fund, money from the fund cannot be invested directly into a competing fund, such as a money market fund. There are currently no redemption restrictions or unfunded commitments on these investments.

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

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS – CONTINUED

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2021 and 2020:

Fair Value Measurement at December 31, 2021				
	Using Input Type			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 129,651	\$ -	\$ -	\$ 129,651
Mutual funds	21,271,719	-	-	21,271,719
Common stock	<u>201,225</u>	<u>-</u>	<u>-</u>	<u>201,225</u>
Total assets in fair value hierarchy	21,602,595	\$ <u>-</u>	\$ <u>-</u>	\$ <u>21,602,595</u>
Common/collective trust funds*	<u>62,361,200</u>			
Total investments at fair value	\$ <u>83,963,795</u>			

Fair Value Measurement at December 31, 2020				
	Using Input Type			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 101,508	\$ -	\$ -	\$ 101,508
Mutual funds	81,469,839	-	-	81,469,839
Common stock	<u>277,995</u>	<u>-</u>	<u>-</u>	<u>277,995</u>
Total assets in fair value hierarchy	<u>81,849,342</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>81,849,342</u>
Total investments at fair value	\$ <u>81,849,342</u>			

*The fair values are based on NAV of shares held by the Plan at year end.

During the year ended December 31, 2021, these investments appreciated in value by \$11,658,535 (including dividends, and gains and losses on investments bought and sold as well as held during the year).

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of funds managed by Fidelity, the trustee, as defined by the Plan. Therefore, these transactions qualify as party-in-interest and are denoted as such in the supplemental Schedule H, line 4i – Schedule Assets (Held at End of Year) as of December 31, 2021. However, these party-in-interest transactions are exempt pursuant to applicable ERISA regulations.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 8 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 95,071,617	\$ 93,242,520
Less: Employer contributions receivable	(4,689)	(5,384)
Less: Participant contributions receivable	<u>-</u>	<u>(337)</u>
Net assets available for benefits per the Form 5500	\$ <u>95,066,928</u>	\$ <u>93,236,799</u>

The following is a reconciliation of net change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2021:

Net change in net assets available for benefits per the financial statements	\$ 1,829,097
Add: Employer contributions receivable at December 31, 2020	5,384
Add: Participant contributions receivable at December 31, 2020	337
Less: Employer contributions receivable at December 31, 2021	<u>(4,689)</u>
Net change in net assets available for benefits per the Form 5500	\$ <u>1,830,129</u>

DIGNITY HEALTH 401(k) PLAN

SUPPLEMENTAL SCHEDULE

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

AS OF DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<i>Interest-bearing Cash:</i>			
*	Fidelity Cash Reserves	95,508 shares	**	\$ 95,508
*	Fid Money Market Prm	34,143 shares	**	34,143
				<u>129,651</u>
	<i>Common/Collective Trust Funds :</i>			
	Trp Retire 2005 J	29,655 shares	**	599,625
	Trp Retire 2010 J	110,880 shares	**	2,381,694
	Trp Retire 2015 J	110,230 shares	**	2,572,761
	Trp Retire 2020 J	287,262 shares	**	7,276,340
	Trp Retire 2025 J	325,704 shares	**	8,979,651
	Trp Retire 2030 J	200,991 shares	**	5,985,524
	Trp Retire 2035 J	195,983 shares	**	6,200,890
	Trp Retire 2040 J	129,778 shares	**	4,298,249
	Trp Retire 2045 J	73,648 shares	**	2,484,134
	Trp Retire 2050 J	41,895 shares	**	1,413,958
	Trp Retire 2055 J	37,342 shares	**	1,259,541
	Trp Retire 2060 J	14,301 shares	**	308,479
	Trp Retire 2065 J	633 shares	**	8,397
	Ac Us Val Yield Tr 2	36,255 shares	**	1,382,036
	Btc Equity Index W	896,750 shares	**	10,323,650
	Btc Extended Mkts M	331,242 shares	**	3,299,073
	Btc Acwi Ex Us Imi J	20,924 shares	**	210,763
	Fiam Core Plus Cl H	88,732 shares	**	2,121,588
	Btc Us Debt Index J	124,407 shares	**	<u>1,254,847</u>
				<u>62,361,200</u>
	<i>Mutual Funds:</i>			
	Vang Explorer VI Inv	30,014 shares	**	1,387,567
	Vang Ftse Soc Idx Is	26,192 shares	**	875,876
	Vang Us Growth Adm	81,823 shares	**	13,783,907
	Ab Disc Grth I	141,089 shares	**	2,062,716
	Pim Infl Resp Ma Is	11,869 shares	**	107,294
	Lzrd Intl Str Eq Is	115,555 shares	**	1,891,642
	Virtus Allianzgi Convertible A	61 shares	**	2,344
	Pfg American Funds Growth Strat Cl R	975 shares	**	14,196

See accompanying independent auditors' report

DIGNITY HEALTH 401(k) PLAN

SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4i -

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

AS OF DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Loomis Sayles Global Bond Retail	136 shares	**	\$ 2,243
	Janus Henderson Gbl Eqty Income T	834 shares	**	5,775
	Buffalo Science & Technology Fd	253 shares	**	7,314
	Oil Equip Scvs & Dist Ultra Invt Cl	50 shares	**	2,843
	Western Asset Core Plus Fi Class	192 shares	**	2,283
	Df Dent Midcap Growth Fund Instl	280 shares	**	10,854
	Morg Stan Dw Instl Small Co Gro A	317 shares	**	6,271
	Pfg American Fds Cons Inc Strat Cl R	13 shares	**	134
	Bny Mellon Smallcap Stock Idx Invest	145 shares	**	4,855
	Vaneck Vectors Etf Tr Emerg Mkts Hi	129 shares	**	2,881
	Nexpoint Real Estate Fin Inc Com	4,641 shares	**	89,347
	Ishares Trust Core Divid Growth Etf	30 shares	**	1,685
	Ark Etf Tr Innovation Etf	10 shares	**	946
	Invesco Exch Traded Fd Tr S&P500	2,529 shares	**	411,637
	Direxion Shs Etf Tr Flight To Saft	30 shares	**	1,540
	Fidelity Msci Indl Index Etf	2 shares	**	114
	Invesco Qqq Tr Unit Ser 1	909 shares	**	361,481
	Annaly Mortgage Management Inc	121 shares	**	948
*	Fidelity Freedom Index 2020 Fd	91 shares	**	1,570
*	Fidelity Contrafund	274 shares	**	5,146
*	Fidelity Nasdaq Composite Index	20 shares	**	3,923
*	Fidelity Small Cap Index Instl Prem	124 shares	**	3,431
*	Fidelity Global Ex Us Idx Instl Prem	262 shares	**	4,006
*	Fidelity U.S. Bond Idx Instl Prem	306 shares	**	3,664
*	Fidelity Ginnie Mae	197 shares	**	2,281
*	Fidelity 500 Index Instl Prem	1,244 shares	**	205,669
*	Fid Extended Market Index Instl Prem	38 shares	**	3,336
				<u>21,271,719</u>
	<i>Common Stock:</i>			
	Paypal Hldgs Inc Com	12 shares	**	2,263
	Abbvie Inc Com Usd0.01	22 shares	**	2,926
	Advanced Micro Devices Inc	2 shares	**	288
	Twilio Inc Cl A	35 shares	**	9,217
	Taiwan Semiconductor Manufac Co	8 shares	**	969

See accompanying independent auditors' report

DIGNITY HEALTH 401(k) PLAN

SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4i -

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

AS OF DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Starbucks Corp Nfs Llc Is A Mkt	35 shares	**	\$ 4,043
	Sphere 3D Corp Com Npv	1,369 shares	**	4,271
	Pfizer Inc Nfs Is A Specialist	2 shares	**	118
	Activision Blizzard Inc Com	103 shares	**	6,853
	Oncology Pharma Inc Com New	82 shares	**	332
	Netflix Com Inc Com	5 shares	**	3,012
	Meta Materials Inc Com	4,998 shares	**	12,295
	Hormel George A & Co	121 shares	**	5,891
	Grayscale Litecoin Tr Ltc Shs	320 shares	**	2,944
	Ford Mtr Co Del Com	50 shares	**	1,039
	Disney Walt Co Del	24 shares	**	3,717
	Compass Minerals Intl Inc	44 shares	**	2,254
	Coca Cola Co Nfs Is A Specialist	56 shares	**	3,310
	Cloudflare Inc Cl A Com	4 shares	**	526
	Boeing Co Nfs Is A Specialist	87 shares	**	17,515
	Berkshire Hathaway Inc Del Cl B	270 shares	**	80,730
	Baxter Intl Inc Nfs Is A Specialist	37 shares	**	3,217
	Apple Comp Inc Nfs Llc Is A Mkt	105 shares	**	18,606
	Aterian Inc Com	1,000 shares	**	4,110
	Alphabet Inc Cap Stk Cl A	3 shares	**	8,691
	Albertsons Cos Inc Common Stock	15 shares	**	453
	Airbnb Inc Com Cl A	10 shares	**	<u>1,635</u>
				<u>201,225</u>
	<i>Fixed-Interest Option:</i>			
	VALIC Fixed-Interest Option	6,213,902 shares	**	10,328,597
*	Notes receivable from participants	Interest rate ranging from 3.50% to 9.25%, maturing through September 2035	-	<u>774,536</u>
				\$ <u>95,066,928</u>

* Party-in-interest as defined by ERISA.

** Cost information has been omitted for participant-directed investments.

See accompanying independent auditors' report

DIGNITY HEALTH 401(k) PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

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Walters & Sklyar LLP

Independent Auditors' Report

To the Administrative Committee of the
Dignity Health 401(k) Plan
San Francisco, California

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of Dignity Health 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Dignity Health 401(k) Plan's 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 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Dignity Health 401(k) 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 Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 Dignity Health 401(k) Plan's ability to continue as a going concern for one year after the date 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.

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditors' 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 generally accepted auditing standards 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 generally accepted auditing standards, 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 Dignity Health 401(k) 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 Dignity Health 401(k) 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.

Supplemental Schedule Required by ERISA

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental 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).

Walters & Sklyar LLP

Woodland Hills, California

October 14, 2022



Walters & Sklyar LLP

Independent Auditors' Report

To the Administrative Committee of the
Dignity Health 401(k) Plan
San Francisco, California

We were engaged to audit the accompanying statement of net assets available for benefits of Dignity Health 401(k) Plan as of December 31, 2020, and the related notes to the financial statement.

Management's Responsibility for the Financial Statement

Management is responsible for the preparation and fair presentation of this financial statement in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of a financial statement that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statement. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2020, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statement. Accordingly, we do not express an opinion on the 2020 financial statement.

**Report on Form and Content in Compliance With DOL Rules and Regulations for 2020
Financial Statement**

The form and content of the information included in the 2020 financial statement, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Walters & Sklyar LLP

Woodland Hills, California

October 14, 2022

DIGNITY HEALTH 401(k) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****DECEMBER 31, 2021 AND 2020**

	<u>2021</u>	<u>2020</u>
ASSETS:		
Investments, participant-directed:		
At contract value:		
Fixed-interest option	\$ <u>10,328,597</u>	\$ <u>10,547,474</u>
Total investments, at contract value	<u>10,328,597</u>	<u>10,547,474</u>
At fair value:		
Interest-bearing cash	129,651	101,508
Mutual funds	21,271,719	81,469,839
Common/collective trust funds	62,361,200	-
Common stock	<u>201,225</u>	<u>277,995</u>
Total investments, at fair value	<u>83,963,795</u>	<u>81,849,342</u>
Total investments, participant-directed	<u>94,292,392</u>	<u>92,396,816</u>
Receivables:		
Employer contributions	4,689	5,384
Participant contributions	-	337
Notes receivable from participants	<u>774,536</u>	<u>839,983</u>
Total receivables	<u>779,225</u>	<u>845,704</u>
Total assets	<u>95,071,617</u>	<u>93,242,520</u>
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>95,071,617</u>	\$ <u>93,242,520</u>

The accompanying notes are an integral part
of the financial statements

DIGNITY HEALTH 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2021

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income:

Net change in fair value of investments	\$ 8,830,642
Interest	263,728
Dividends	<u>2,827,893</u>

Total investment income 11,922,263

Interest income on notes receivable from participants 43,467

Contributions:

Employer	954,523
Participants	1,672,907
Rollovers	<u>464,941</u>

Total contributions 3,092,371

Total additions 15,058,101

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	13,178,669
Deemed distributions of notes receivable from participants	5,680
Administrative expenses	<u>44,655</u>

Total deductions 13,229,004

Net change 1,829,097

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 93,242,520

End of year \$ 95,071,617

The accompanying notes are an integral part
of the financial statements

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Dignity Health 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information on the Plan's provisions.

General

The Plan is a defined contribution plan, qualifies as a 401(k) plan, and was established effective January 1, 1999 as the TrinityCare, LLC 401(k) Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and the Internal Revenue Code (IRC). Effective April 1, 2013, Dignity Health (the Company), the parent company of TrinityCare, LLC, amended and restated the Plan, assumed sponsorship of the Plan, and renamed it the Dignity Health 401(k) Plan. The Plan is currently a multiple employer defined contribution plan administered by the Company.

From February 2013 through December 2015, the Plan was frozen to all new contributions and new participants. Starting in 2014, Dignity Health has been consolidating the retirement plans of its existing subsidiaries as well as newly acquired entities in order to streamline plan administration. During the Plan year ended December 31, 2015, St. Joseph's Regional Health System Employees' Salary Savings Plan was merged into the Plan. During the Plan year ended December 31, 2016, the plans sponsored by the Templeton Surgery Center (Templeton) and Inland Health Organization of Southern California, Inc. (IHOSC) were merged into the Plan, and their total plan assets in the amount of \$744,370, including notes receivable from participants in the amount of \$5,962, were transferred in. The Plan was amended effective January 1, 2016 to allow contributions for the participants who are employees of Templeton and IHOSC. During the Plan year ended December 31, 2018, Bakersfield Memorial Hospital Money Purchase Pension Plan, Dignity Health Medical Foundation Profit Sharing Plan, as well as the plans sponsored by the Medical Care Systems (MSC) and Arizona General Hospital were merged into the Plan. Total plan assets in the amount of \$34,757,347, including notes receivable from participants in the amount of \$372,356, were transferred in during the year ended December 31, 2018. The merged plans had been frozen to new contributions and new participants.

Dignity Health Medical Services Organization (DHMSO) has been formed in January 2018, and the employees of IHOSC and MSC have been transferred to DHMSO. The Plan was amended to allow contributions for eligible employees of DHMSO.

Effective February 1, 2019, CommonSpirit Health was formed by the alignment of Catholic Health Initiatives and Dignity Health.

The Plan was also amended at various dates through December 31, 2021 to comply with applicable laws and regulations.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Plan Administration

The Company is the administrator of the Plan and is responsible for managing its day-to-day operations. The Plan's trustee, Fidelity Management Trust Company (Fidelity), is responsible for the recordkeeping, custody, and management of the Plan's assets.

Contributions

Eligible participants may elect to defer their compensation as an employee contribution, subject to certain limitations under the IRC. Participants may also contribute rollovers representing distributions from other qualified plans. Plan participants over the age of 50 may defer catch-up contributions, subject to IRC limitations.

Eligible participants employed by IHOSC receive employer matching contributions dollar for dollar up to the first 4% of the participant's compensation. Eligible participants employed by Templeton receive employer matching contributions at 50% of the participant's contributions up to the first 6% of the participant's compensation.

Participants direct the investment of their contributions and their share of employer contributions into various investment options offered by the Plan, and they may change their investment elections anytime.

Vesting

Participants are fully vested in their voluntary contributions, as well as employer matching contributions under the merged IHOSC 401k Plan, plus actual earnings thereon. Vesting in the employer matching contributions under the merged Templeton 401k Plan plus earnings thereon is based upon years of credited service, becoming fully vested after four years of credited service.

Forfeitures

Forfeitures are created when participants terminate employment before becoming entitled to their full benefits under the Plan. Forfeitures may be used to offset any administrative expenses of the Plan or reduce employer contributions that would otherwise be made to the Plan. During the year ended December 31, 2021, no forfeitures were used to pay for administrative expenses. As of December 31, 2021 and 2020, forfeitures available for future use amounted to \$7,587 and \$11,511, respectively.

DIGNITY HEALTH 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 1 - DESCRIPTION OF PLAN – CONTINUED

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions (including those rolled over from another qualifying plan or trust) and related employer contributions, as well as the participant's share of the Plan's income and expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Payment of Benefits

On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution or installment payments equal to the participant's vested account balance. Participants should refer to their Plan agreement for more information.

If the vested account balance is \$1,000 or less, the entire balance will be paid out by distributing the vested interest in participant's account in a single-sum payment.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum amount as determined by the Company up to a maximum limited to the lesser of: (1) \$50,000 or (2) 50% of the participant's vested account balance. Each note receivable bears a reasonable rate of interest, which is determined by the plan administrator, and must be repaid on an installment basis over a period not to exceed five years, unless the loan is used by the participant to acquire a principal residence.

Administrative Expenses

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and are recorded in the accompanying statement of changes in net assets available for benefits as administrative expenses. Audit fees and other administrative expenses are paid by the Company.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates

The preparation of financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the dates of the financial statements, and the reported amounts of additions and deductions during the reporting period. The most important of these estimates and assumptions relate to fair value measurements of the Plan's investments. These and other estimates and assumptions are based on the best available information but actual results could be materially different from those estimates.

Risks and Uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is 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 in the accompanying statements of net assets available for benefits.

In March 2020, the World Health Organization declared the outbreak of novel coronavirus disease (COVID-19) as a pandemic. In response to the COVID-19 pandemic, the U.S. Congress enacted the Coronavirus Aid, Relief and Economic Security Act (CARES Act) on March 27, 2020, which among other things, includes provisions that impacted retirement plan rules for 2020. As provided in the CARES Act, the plan administrator has elected to allow qualified individuals impacted by the virus to withdraw up to \$100,000 from their retirement accounts without penalty, regardless of their age. The plan administrator has also elected to allow impacted participants to defer their loan payments until December 31, 2020. The extent to which the COVID-19 pandemic may materially impact the Plan's investment values in subsequent periods still remains highly uncertain.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Valuation of Investments

In accordance with GAAP, all assets of the Plan are stated at fair value or amounts approximating fair value. Fair value is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price).

Investment Contract

The Plan entered into an investment contract with The Variable Annuity Life Insurance Company (VALIC), now known as AIG Retirement Services, through its Fixed-Interest Option (the Fund), which is a fully benefit responsive investment contract and is reported at contract value. The Fund is a group annuity contract managed by VALIC that invests in the general account assets of VALIC and offers guaranteed crediting rates specified in advance of participant investments. The VALIC general account invests in a diversified portfolio of bonds, mortgages, cash and short-term investments, equity-related investments, and policy loans. Unit price, yield, and return will vary.

The Fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses as allowed by the Plan. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Recognition of Income and Net Change in Fair Value of Investments

Sales and purchases are accounted for on a trade-date basis, and interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net change in fair value of investments includes realized and unrealized gains and losses on investments sold or held during the year.

Notes Receivable from Participants

Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when earned.

DIGNITY HEALTH 401(k) PLAN
NOTES TO THE FINANCIAL STATEMENTS

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Benefits

Benefit payments to participants are recorded when paid.

Recent Accounting Pronouncements

In the normal course of business, the Plan evaluates all new accounting pronouncements to determine the potential impact they may have on its financial statements. Based upon this review, the Plan does not expect any of the recently issued accounting pronouncements, which have not already been adopted by the Plan, to have a material impact on its financial statements.

Subsequent Events

The Plan evaluated for recognition or disclosure subsequent events through the report issuance date and determined that no such events were identified.

NOTE 3 - TAX STATUS

The Plan obtained its latest determination letter dated July 17, 2015, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The plan administrator believes that the Plan is designed and operated in compliance with applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

In accordance with GAAP, the Plan management is required to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there were no uncertain positions taken or expected to be taken. As a result, the Plan has recognized no interest or penalties related to uncertain tax positions.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to tax examinations for years prior to 2018.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 4 - PLAN AMENDMENT AND TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan document to discontinue its contributions at any time and to amend or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested for any portion of their accounts not fully vested previously.

NOTE 5 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the trustee of the Plan has certified to the completeness and accuracy of investments (see table below) reflected in the accompanying statements of net assets available for benefits as of December 31, 2021 and 2020, and the supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2021, as well as the related investment activity reflected in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2021.

Completeness and accuracy of investments certified by the trustee of the Plan is as follows at December 31:

	<u>2021</u>	<u>2020</u>
Investments:		
Fixed-interest option	\$ 10,328,597	\$ 10,547,474
Interest-bearing cash	\$ 129,651	\$ 101,508
Mutual funds	\$ 21,271,719	\$ 81,469,839
Common/collective trust funds	\$ 62,361,200	\$ -
Common stock	\$ 201,225	\$ 277,995

Completeness and accuracy of related investment activity certified by the trustee of the Plan is as follows for the year ended December 31, 2021:

Investment income:	
Net change in fair value of investments	\$ 8,830,642
Interest	\$ 263,728
Dividends	\$ 2,827,893

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS

The fair value hierarchy prioritized the inputs to valuation techniques used to measure fair value into three levels, with the highest priority given to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority given to unobservable inputs (Level 3). The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value:

- *Mutual funds and common stock:* Valued at quoted market prices of shares held by the Plan at year-end.
- *Common/collective trust funds:* Valued using the market approach at a unit price (net asset value as a practical expedient) determined by the portfolio's sponsor based on the fair value of underlying investments held by the common collective trust fund on the last business day of the Plan year.

In accordance with GAAP, common/collective trust funds are not classified in the fair value hierarchy table. The fair values are included in the table to allow reconciliation of the fair value hierarchy to the fair value of investments per the statements of net assets available for benefits. The common/collective trust funds measured at net asset value (NAV) may impose, in its sole discretion, a prior notice period of up to 12 months for Plan initiated withdrawal of assets. They may also require that within 90 days from withdrawal from the fund, money from the fund cannot be invested directly into a competing fund, such as a money market fund. There are currently no redemption restrictions or unfunded commitments on these investments.

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

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 6 - FAIR VALUE MEASUREMENTS – CONTINUED

The following tables set forth by level, within the fair value hierarchy, the Plan's assets measured at fair value on a recurring basis at December 31, 2021 and 2020:

Fair Value Measurement at December 31, 2021				
	Using Input Type			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 129,651	\$ -	\$ -	\$ 129,651
Mutual funds	21,271,719	-	-	21,271,719
Common stock	<u>201,225</u>	<u>-</u>	<u>-</u>	<u>201,225</u>
Total assets in fair value hierarchy	21,602,595	\$ <u>-</u>	\$ <u>-</u>	\$ <u>21,602,595</u>
Common/collective trust funds*	<u>62,361,200</u>			
Total investments at fair value	\$ <u>83,963,795</u>			

Fair Value Measurement at December 31, 2020				
	Using Input Type			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	\$ 101,508	\$ -	\$ -	\$ 101,508
Mutual funds	81,469,839	-	-	81,469,839
Common stock	<u>277,995</u>	<u>-</u>	<u>-</u>	<u>277,995</u>
Total assets in fair value hierarchy	<u>81,849,342</u>	\$ <u>-</u>	\$ <u>-</u>	\$ <u>81,849,342</u>
Total investments at fair value	\$ <u>81,849,342</u>			

*The fair values are based on NAV of shares held by the Plan at year end.

During the year ended December 31, 2021, these investments appreciated in value by \$11,658,535 (including dividends, and gains and losses on investments bought and sold as well as held during the year).

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of funds managed by Fidelity, the trustee, as defined by the Plan. Therefore, these transactions qualify as party-in-interest and are denoted as such in the supplemental Schedule H, line 4i – Schedule Assets (Held at End of Year) as of December 31, 2021. However, these party-in-interest transactions are exempt pursuant to applicable ERISA regulations.

DIGNITY HEALTH 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 8 - RECONCILIATION OF THE FINANCIAL STATEMENTS TO THE FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31:

	<u>2021</u>	<u>2020</u>
Net assets available for benefits per the financial statements	\$ 95,071,617	\$ 93,242,520
Less: Employer contributions receivable	(4,689)	(5,384)
Less: Participant contributions receivable	<u>-</u>	<u>(337)</u>
Net assets available for benefits per the Form 5500	\$ <u>95,066,928</u>	\$ <u>93,236,799</u>

The following is a reconciliation of net change in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2021:

Net change in net assets available for benefits per the financial statements	\$ 1,829,097
Add: Employer contributions receivable at December 31, 2020	5,384
Add: Participant contributions receivable at December 31, 2020	337
Less: Employer contributions receivable at December 31, 2021	<u>(4,689)</u>
Net change in net assets available for benefits per the Form 5500	\$ <u>1,830,129</u>

DIGNITY HEALTH 401(k) PLAN

SUPPLEMENTAL SCHEDULE

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

AS OF DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	<i>Interest-bearing Cash:</i>			
*	Fidelity Cash Reserves	95,508 shares	**	\$ 95,508
*	Fid Money Market Prm	34,143 shares	**	34,143
				<u>129,651</u>
	<i>Common/Collective Trust Funds :</i>			
	Trp Retire 2005 J	29,655 shares	**	599,625
	Trp Retire 2010 J	110,880 shares	**	2,381,694
	Trp Retire 2015 J	110,230 shares	**	2,572,761
	Trp Retire 2020 J	287,262 shares	**	7,276,340
	Trp Retire 2025 J	325,704 shares	**	8,979,651
	Trp Retire 2030 J	200,991 shares	**	5,985,524
	Trp Retire 2035 J	195,983 shares	**	6,200,890
	Trp Retire 2040 J	129,778 shares	**	4,298,249
	Trp Retire 2045 J	73,648 shares	**	2,484,134
	Trp Retire 2050 J	41,895 shares	**	1,413,958
	Trp Retire 2055 J	37,342 shares	**	1,259,541
	Trp Retire 2060 J	14,301 shares	**	308,479
	Trp Retire 2065 J	633 shares	**	8,397
	Ac Us Val Yield Tr 2	36,255 shares	**	1,382,036
	Btc Equity Index W	896,750 shares	**	10,323,650
	Btc Extended Mkts M	331,242 shares	**	3,299,073
	Btc Acwi Ex Us Imi J	20,924 shares	**	210,763
	Fiam Core Plus Cl H	88,732 shares	**	2,121,588
	Btc Us Debt Index J	124,407 shares	**	<u>1,254,847</u>
				<u>62,361,200</u>
	<i>Mutual Funds:</i>			
	Vang Explorer VI Inv	30,014 shares	**	1,387,567
	Vang Ftse Soc Idx Is	26,192 shares	**	875,876
	Vang Us Growth Adm	81,823 shares	**	13,783,907
	Ab Disc Grth I	141,089 shares	**	2,062,716
	Pim Infl Resp Ma Is	11,869 shares	**	107,294
	Lzrd Intl Str Eq Is	115,555 shares	**	1,891,642
	Virtus Allianzgi Convertible A	61 shares	**	2,344
	Pfg American Funds Growth Strat Cl R	975 shares	**	14,196

See accompanying independent auditors' report

DIGNITY HEALTH 401(k) PLAN

SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4i -

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

AS OF DECEMBER 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Loomis Sayles Global Bond Retail	136 shares	**	\$ 2,243
	Janus Henderson Gbl Eqty Income T	834 shares	**	5,775
	Buffalo Science & Technology Fd	253 shares	**	7,314
	Oil Equip Scvs & Dist Ultra Invt Cl	50 shares	**	2,843
	Western Asset Core Plus Fi Class	192 shares	**	2,283
	Df Dent Midcap Growth Fund Instl	280 shares	**	10,854
	Morg Stan Dw Instl Small Co Gro A	317 shares	**	6,271
	Pfg American Fds Cons Inc Strat Cl R	13 shares	**	134
	Bny Mellon Smallcap Stock Idx Invest	145 shares	**	4,855
	Vaneck Vectors Etf Tr Emerg Mkts Hi	129 shares	**	2,881
	Nexpoint Real Estate Fin Inc Com	4,641 shares	**	89,347
	Ishares Trust Core Divid Growth Etf	30 shares	**	1,685
	Ark Etf Tr Innovation Etf	10 shares	**	946
	Invesco Exch Traded Fd Tr S&P500	2,529 shares	**	411,637
	Direxion Shs Etf Tr Flight To Saft	30 shares	**	1,540
	Fidelity Msci Indl Index Etf	2 shares	**	114
	Invesco Qqq Tr Unit Ser 1	909 shares	**	361,481
	Annaly Mortgage Management Inc	121 shares	**	948
*	Fidelity Freedom Index 2020 Fd	91 shares	**	1,570
*	Fidelity Contrafund	274 shares	**	5,146
*	Fidelity Nasdaq Composite Index	20 shares	**	3,923
*	Fidelity Small Cap Index Instl Prem	124 shares	**	3,431
*	Fidelity Global Ex Us Idx Instl Prem	262 shares	**	4,006
*	Fidelity U.S. Bond Idx Instl Prem	306 shares	**	3,664
*	Fidelity Ginnie Mae	197 shares	**	2,281
*	Fidelity 500 Index Instl Prem	1,244 shares	**	205,669
*	Fid Extended Market Index Instl Prem	38 shares	**	3,336
				<u>21,271,719</u>
	<i>Common Stock:</i>			
	Paypal Hldgs Inc Com	12 shares	**	2,263
	Abbvie Inc Com Usd0.01	22 shares	**	2,926
	Advanced Micro Devices Inc	2 shares	**	288
	Twilio Inc Cl A	35 shares	**	9,217
	Taiwan Semiconductor Manufac Co	8 shares	**	969

See accompanying independent auditors' report

DIGNITY HEALTH 401(k) PLAN

SUPPLEMENTAL SCHEDULE

SCHEDULE H, LINE 4i -

SCHEDULE OF ASSETS (HELD AT END OF YEAR) - CONTINUED

AS OF DECEMBER 31, 2021

<u>(a)</u>	<u>(b)</u> Identity of Issue, Borrower, Lessor or Similar Party	<u>(c)</u> Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	<u>(d)</u> Cost	<u>(e)</u> Current Value
	Starbucks Corp Nfs Llc Is A Mkt	35 shares	**	\$ 4,043
	Sphere 3D Corp Com Npv	1,369 shares	**	4,271
	Pfizer Inc Nfs Is A Specialist	2 shares	**	118
	Activision Blizzard Inc Com	103 shares	**	6,853
	Oncology Pharma Inc Com New	82 shares	**	332
	Netflix Com Inc Com	5 shares	**	3,012
	Meta Materials Inc Com	4,998 shares	**	12,295
	Hormel George A & Co	121 shares	**	5,891
	Grayscale Litecoin Tr Ltc Shs	320 shares	**	2,944
	Ford Mtr Co Del Com	50 shares	**	1,039
	Disney Walt Co Del	24 shares	**	3,717
	Compass Minerals Intl Inc	44 shares	**	2,254
	Coca Cola Co Nfs Is A Specialist	56 shares	**	3,310
	Cloudflare Inc Cl A Com	4 shares	**	526
	Boeing Co Nfs Is A Specialist	87 shares	**	17,515
	Berkshire Hathaway Inc Del Cl B	270 shares	**	80,730
	Baxter Intl Inc Nfs Is A Specialist	37 shares	**	3,217
	Apple Comp Inc Nfs Llc Is A Mkt	105 shares	**	18,606
	Aterian Inc Com	1,000 shares	**	4,110
	Alphabet Inc Cap Stk Cl A	3 shares	**	8,691
	Albertsons Cos Inc Common Stock	15 shares	**	453
	Airbnb Inc Com Cl A	10 shares	**	<u>1,635</u>
				<u>201,225</u>
	<i>Fixed-Interest Option:</i>			
	VALIC Fixed-Interest Option	6,213,902 shares	**	10,328,597
*	Notes receivable from participants	Interest rate ranging from 3.50% to 9.25%, maturing through September 2035	-	<u>774,536</u>
				\$ <u>95,066,928</u>

* Party-in-interest as defined by ERISA.

** Cost information has been omitted for participant-directed investments.

See accompanying independent auditors' report

PLAN NAME: Dignity Health 401(k) Plan
PLAN SPONSOR NAME: Dignity Health
EIN: 94-1166203 PN: 017
ATTACHMENT TO FORM 5500
MULTIPLE-EMPLOYER PLAN INFORMATION
12/31/2021

EMPLOYER NAME	EIN	ESTIMATE OF CONTRIBUTION %
Dignity Health 401(k) Plan	94-1196203	95%
Templeton Surgery Employees	20-2246616	5%
		100%

PLAN NAME: Dignity Health 401(k) Plan
PLAN SPONSOR NAME: Dignity Health
EIN: 94-1166203 PN: 017
ATTACHMENT TO FORM 5500
MULTIPLE-EMPLOYER PLAN INFORMATION
12/31/2021

EMPLOYER NAME	EIN	ESTIMATE OF CONTRIBUTION %
Dignity Health 401(k) Plan	94-1196203	95%
Templeton Surgery Employees	20-2246616	5%
		100%