

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2022 or fiscal plan year beginning 10/01/2019 and ending 09/25/2020

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

<p>1a Name of plan <u>BETHANY HOME & HOSPITAL OF THE METHODIST CHURCH EMPLOYEES' PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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>METHODIST HOSPITAL OF CHICAGO</u></p> <p><u>5025 N PAULINA STREET</u> <u>CHICAGO, IL 60640</u></p>	<p>1c Effective date of plan <u>10/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>36-2012788</u></p> <p>2c Plan Sponsor's telephone number <u>773-271-9040</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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.	03/13/2023	JACKIE NIEVES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/13/2023	JACKIE NIEVES
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 443
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).	
6(1) Total number of active participants at the beginning of the plan year	6a(1) 232
6(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 4
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: 1C 1H 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> ¹ A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **10/01/2019** and ending **09/25/2020**

<p>A Name of plan BETHANY HOME & HOSPITAL OF THE METHODIST CHURCH EMPLOYEES' PENSION PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 METHODIST HOSPITAL OF CHICAGO</p>	<p>D Employer Identification Number (EIN) 36-2012788</p>

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.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(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
42-0127290	61271	811962	0	10/01/2019	09/25/2020

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	

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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	(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.
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4 Current value of plan's interest under this contract in the general account at year end.....	4	0
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	
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c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits.....	7c(2)	
(3) Interest credited during the year.....	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	

(6) Total additions.....	7c(6)	
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d Total of balance and additions (add lines 7b and 7c(6))	7d	
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e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	

(5) Total deductions.....	7e(5)	
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
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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)
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)
	(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)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	10b	
	Specify nature of costs.		

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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2019 and ending 09/25/2020

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

A Name of plan <u>BETHANY HOME & HOSPITAL OF THE METHODIST CHURCH EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>METHODIST HOSPITAL OF CHICAGO</u>	D Employer Identification Number (EIN) <u>36-2012788</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2019</u>			
2 Assets:			
a Market value.....	2a	<u>8968628</u>	
b Actuarial value.....	2b	<u>9001743</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>78</u>	<u>966255</u>	<u>966255</u>
b For terminated vested participants.....	<u>125</u>	<u>2669525</u>	<u>2669525</u>
c For active participants.....	<u>263</u>	<u>4307945</u>	<u>4390011</u>
d Total.....	<u>466</u>	<u>7943725</u>	<u>8025791</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.55 %</u>	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a		
b Expected plan-related expenses.....	6b		
c Total (line 6a + line 6b).....	6c	<u>331000</u>	

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

SIGN HERE		
	Signature of actuary	<u>10/22/2020</u> Date
	<u>ESTHER KWAK</u> Type or print name of actuary	<u>20-05343</u> Most recent enrollment number
	<u>PRINCIPAL FINANCIAL GROUP</u> Firm name	<u>770-272-9455</u> Telephone number (including area code)
	<u>PO BOX 9394 DES MOINES, IA 50306-9394</u> Address of the firm	

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>3.39</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		2708048
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.71</u> %.....		154630
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		2862678
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	112.16 %
15	Adjusted funding target attainment percentage	15	112.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	79.79 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0
20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 66

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	331000
b Excess assets, if applicable, but not greater than line 31a	31b	331000

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning **10/01/2019** and ending **09/25/2020**

A Name of plan BETHANY HOME & HOSPITAL OF THE METHODIST CHURCH EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 METHODIST HOSPITAL OF CHICAGO	D Employer Identification Number (EIN) 36-2012788	

Part I Service Provider Information (see instructions)

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
PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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)

MESIROW FINANCIAL INV

36-3194849

(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?
27 50	INVESTMENT ADVISORY	40049	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	350605	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning **10/01/2019** and ending **09/25/2020**

A Name of plan BETHANY HOME & HOSPITAL OF THE METHODIST CHURCH EMPLOYEES' PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 METHODIST HOSPITAL OF CHICAGO	D Employer Identification Number (EIN) 36-2012788

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LDI INTRM DUR SEP ACCT-I3		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-128	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<p>SCHEDULE H (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <p>Department of Labor Employee Benefits Security Administration</p> <p>Pension Benefit Guaranty Corporation</p>	<p>Financial Information</p> <p>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).</p> <p>► File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p> <p>2022</p> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2022 or fiscal plan year beginning **10/01/2019** and ending **09/25/2020**

<p>A Name of plan BETHANY HOME & HOSPITAL OF THE METHODIST CHURCH EMPLOYEES' PENSION PLAN</p>	<p>B Three-digit plan number (PN) ►</p>	<p>001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 METHODIST HOSPITAL OF CHICAGO</p>	<p>D Employer Identification Number (EIN) 36-2012788</p>	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	3048000
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	
(10) Value of interest in pooled separate accounts.....	1c(10)	235975
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5684653
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	8968628	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8968628	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	71686	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		732563
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		349732
c Other income	2c		-2943299
d Total income. Add all income amounts in column (b) and enter total	2d		-1789318
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6788655	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		6788655
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	172317	
(2) Contract administrator fees.....	2i(2)	178289	
(3) Investment advisory and management fees	2i(3)	40049	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		390655
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7179310
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-8968628
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: BDO USA LLP

(2) EIN: 13-5381590

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?.....	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4295520.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2019 and ending 09/25/2020

A Name of plan <u>BETHANY HOME & HOSPITAL OF THE METHODIST CHURCH EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>METHODIST HOSPITAL OF CHICAGO</u>	D Employer Identification Number (EIN) <u>36-2012788</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 42-0127290

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	0
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? 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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> 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. <input type="checkbox"/> 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 _____



Bethany Home and Hospital of the Methodist Church Employees Pension Plan

**Financial Statements
and Supplemental Schedule
Years Ended September 30, 2020 and 2019
(in Liquidation)**

**Bethany Home and Hospital of the Methodist Church
Employees Pension Plan**

Financial Statements and Supplemental Schedule
Years Ended September 30, 2020 and 2019
(in Liquidation)

**Bethany Home and Hospital of the Methodist Church
Employees Pension Plan**

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Independent Auditor's Report

The Plan Administrator
Bethany Home and Hospital of the Methodist Church
Employees Pension Plan
Chicago, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Bethany Home and Hospital of the Methodist Church Employees Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of September 30, 2020 and 2019 (in liquidation), and the related statements of changes in net assets available for benefits for the years then ended (in liquidation), and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with 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 financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States 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 (DOL)'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 6, which was certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of September 30, 2020 and 2019, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Emphasis of Matter - Plan Termination and Use of Liquidation Basis of Accounting

As further discussed in Note 1 to the financial statements, in September 2019, those charged with governance made an amendment to the Plan to terminate the Plan effective November 30, 2019. As a result, in accordance with accounting principles generally accepted in the United States of America, the Plan used the liquidation basis of accounting presented in the 2020 and 2019 financial statements. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2020 (in liquidation) is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis, and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, 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 DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA LLP

December 14, 2022

Financial Statements

**Bethany Home and Hospital of the Methodist Church
Employees Pension Plan**

Statements of Net Assets Available for Benefits (in Liquidation)

<i>September 30,</i>	2020	2019
Assets		
Investments, at fair value:		
Mutual funds	\$ -	\$ 5,684,653
Pooled separate account	-	235,975
Total Investments, at fair value	-	5,920,628
Company contribution receivable	-	3,048,000
Net Assets Available for Benefits	\$ -	\$ 8,968,628

See accompanying notes to financial statements.

**Bethany Home and Hospital of the Methodist Church
Employees Pension Plan**

Statements of Changes in Net Assets Available for Benefits (in Liquidation)

<i>Years ended September 30,</i>	2020	2019
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 804,249	\$ 82,739
Interest and dividends	349,732	104,957
Total Investment Income	1,153,981	187,696
Company contributions	-	3,562,370
Total Additions	1,153,981	3,750,066
Deductions		
Benefits paid to participants	6,708,973	266,615
Reversion of excess assets to plan sponsor (Note 4)	161,126	-
Purchase of annuity contract (Note 1)	2,861,855	-
Administrative expenses	390,655	123,692
Total Deductions	10,122,609	390,307
Net Increase (Decrease)	(8,968,628)	3,359,759
Net Assets Available for Benefits, beginning of year	8,968,628	5,608,869
Net Assets Available for Benefits, end of year	\$ -	\$ 8,968,628

See accompanying notes to financial statements.

Bethany Home and Hospital of the Methodist Church Employees Pension Plan

Notes to Financial Statements

1. Description of the Plan

The following description of the Bethany Home and Hospital of the Methodist Church Employees Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a non-contributory defined benefit plan covering substantially all eligible employees, as defined in the Plan document, of the Bethany Home and Hospital of the Methodist Church (the Company). The Plan includes both a traditional earned benefit and a cash balance earned benefit. On May 1, 2006, the Company's Board of Directors voted to partially freeze the Plan by not allowing employees classified as registry and management agreement employees to accrue traditional earned benefits under the Plan or become eligible for the Plan after October 1, 2006. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan is administered by the plan administrator, who is responsible for all matters, including, but not limited to, determining eligibility, rights to benefits, interpreting the Plan documents, and directing the Plan's trustee.

Effective September 30, 2019, entry into the Plan was frozen and no future traditional accrued benefits and pay credit benefits will accrue after such date. Further, a participant's cash balance account will be credited with an amount equal to 2.0% of eligible compensation as of September 30, 2019, provided the participant completed 1,000 hours of service from January 1, 2019 through September 30, 2019 and was actively employed on such date. Additionally, on September 23, 2019, the Company's Board of Directors approved the termination of the Plan, effective November 30, 2019. As a result, participants may elect options to receive their benefits after the completion of all Plan termination proceedings. Participants were notified of the termination, and the Company subsequently filed a standard termination notice with the Pension Benefit Guaranty Corporation (PBGC). For participants who did not elect a distribution, an annuity contract was purchased to continue funding annuity payments in the future. Plan assets were completely distributed by September 30, 2020 and a Post Distribution Certification for Standard Terminations was filed with the PBGC on October 5, 2020.

Eligibility and Vesting

Eligible employees shall become a participant in the traditional earned benefit portion of the Plan on October 1 each year upon completion of six months of service and attaining the age of 20½ or older. Participants hired on or after October 1, 2008 generally become fully vested upon completion of three years of service and at normal retirement age. Participants hired prior to October 1, 2008 became fully vested upon completion of five years of service.

Eligible employees, who are classified as non-highly compensated critical-skill staff employees, as defined in the Plan document, become participants in the cash balance earned benefit portion of the Plan on the earliest semi-yearly date (defined as January 1 or July 1), upon completion of one year of service working at least 1,000 hours. Participants are immediately 100% vested in the cash balance earned benefit portion of the Plan.

Bethany Home and Hospital of the Methodist Church Employees Pension Plan

Notes to Financial Statements

Retirement Benefits

Normal retirement age is defined as the later of age 65 or the date five years after the first day of the Plan year in which he/she becomes a participant. The Plan permits early retirement at age 60 provided the participant has completed at least ten years of service.

Traditional earned benefits are computed based on the number of years of service multiplied by \$5.00 per month. Early retirement benefits under the traditional earned benefit are decreased by 0.5% for each year prior to normal retirement age.

For participants in the cash balance earned benefit portion of the Plan, each year an allocation of a percentage of eligible compensation is credited to each participant's account. The percentage is determined by the Board of Directors each year. For the Plan years ended September 30, 2020 and 2019, the Board of Directors approved a contribution equal to 0% and 2%, respectively, of eligible compensation to be contributed to each eligible participant's account. In addition, each December 31, each eligible participant's cash balance earned benefit account is credited with an annual interest credit on the prior year's account balance at a rate of 6% for the Plan years ended September 30, 2019. The participant's cash balance benefit is equal to the value of the cash balance account as of the date employment is terminated. Effective November 30, 2019, the date of the plan termination, the interest crediting rate used to determine the accrued benefits is the average of the interest crediting rates used under the plan during the five-year period ending on the date of plan termination. Therefore, the cash balance interest crediting rate changed from 6.00% to 6.60% for periods after the plan termination.

Participants with benefits exceeding \$5,000 may generally elect to receive the value of their accumulated Plan benefits through a qualified joint and survivor annuity, period certain life annuity, life annuity, non-qualified joint and survivor annuity, or as a single-sum distribution. Participants with benefits equal to \$5,000 or less will receive their benefits as a lump-sum distribution.

Death and Disability Benefits

In the event of an active participant's death, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's surviving spouse (if any) and is payable at the member's earliest retirement date or later if elected by the surviving spouse. If the participant does not have a surviving spouse or named beneficiary, the beneficiary shall be the executor or administrator of the participant's estate for the benefit of the estate. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants receive normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as the time they became disabled.

2. Summary of Accounting Policies

Basis of Accounting

In September 2019, those charged with governance amended the Plan to terminate it as of November 30, 2019. As a result, the Plan's financial statements have been prepared on a liquidation basis. The basis of accounting is considered appropriate when, among other things, liquidation of an entity is probable and the net realizable value of assets reasonably determinable. Under the

Bethany Home and Hospital of the Methodist Church Employees Pension Plan

Notes to Financial Statements

liquidation basis of accounting, assets are stated at their estimated net realizable cash value, which, for investments at September 30, 2019, is equal to fair value.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price 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. The Board of Directors determines the appropriateness of the Plan's investment offerings, determines valuation policies utilizing information provided by investment advisors and the trustee of the Plan, and monitors investment performance. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

The majority of the Plan's expenses are paid by the Plan, which include actuary, trustee, legal, and accounting fees, as well as PBGC premiums. The Company pays a portion of the Plan's administrative fees. Expenses that are paid directly by the Company are excluded from these financial statements. Expenses paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

Plan management has evaluated subsequent events through December 14, 2022, the date the financial statements were available to be issued. No material subsequent events have occurred through December 14, 2022 that required recognition or disclosure in these financial statements.

3. Funding Policy

Contributions are made by the Company in actuarially determined amounts. The Plan's funding policy is for the Company to contribute an amount sufficient to pay benefits as they become payable under the Plan, which will meet or exceed the annual ERISA minimum funding requirement.

Bethany Home and Hospital of the Methodist Church Employees Pension Plan

Notes to Financial Statements

For 2020 and 2019, the Adjusted Funding Target Attainment Percentage (AFTAP) was 79.79%. Under the Pension Protection Act, a plan is subject to benefit restrictions if the AFTAP falls below certain thresholds, which begin at 80%. The Company met the minimum funding requirements for ERISA in 2019 due to a subsequent employer contribution made on October 1, 2019 in the amount of \$3,048,000; as such, the restrictions on the payment of lump-sum benefits were no longer in place as of October 1, 2019.

4. Actuarial Present Value of Accumulated Plan Benefits

Accumulated present value of accumulated Plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions for employee service rendered. Accumulated Plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries.

Benefits under the Plan are based on an employee's years of credited service and, for salary employees, also on compensation during those years. Eligible compensation is defined under the Plan document. The accumulated Plan benefits for active employees are estimated based on their compensation and other actuarial assumptions as of the date on which the benefit information is presented. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent to which they are deemed attributed to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for events, such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following is a summary of the significant actuarial assumptions used in the valuations as of October 1, 2019 and 2018:

- Life expectancy of participants according to actuary's, Principal, internally developed Principal Mortality Improvement Scale (PFG2015-10 and PFG2014-10 for 2019 and 2018, respectively).
- Assumed retirement age of 65 with five years of service, if later.
- Investment returns with assumed average rates of return of 4.50% and 5.75% for 2019 and 2018, respectively.
- Future compensation increases of 4% per year, compounded annually, was used for 2018. There are none noted in 2019 since the Plan was frozen, effective September 30, 2019.

Bethany Home and Hospital of the Methodist Church Employees Pension Plan

Notes to Financial Statements

The actuarial present value of the accumulated Plan benefits based on the most recent valuation date, beginning of year, is as follows:

October 1, 2019

Vested Benefits	
Participants currently receiving payments	\$ 1,030,529
Vested terminated participants	3,004,496
Active participants	4,811,737
Total Vested Benefits	8,846,762
Non-Vested Benefits	96,195
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 8,942,957

Factors affecting the change in the total actuarial present value of accumulated Plan benefits are summarized below:

Actuarial Present Value of Accumulated Plan Benefits, October 1, 2018	\$ 7,028,497
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	396,581
Benefits accumulated and Plan experience	1,784,494
Benefits paid with interest	(266,615)
Actuarial Present Value of Accumulated Plan Benefits, October 1, 2019	\$ 8,942,957

The computations of the actuarial present value of accumulated Plan benefits were made as of October 1, 2019 and 2018. Due to the plan termination discussed in Note 1, the present value of accumulated plan benefits was recalculated as of November 30, 2019 for purposes of calculating lump-sum benefit payments and to estimate the purchase of the annuity contract. To settle the Plan's accumulated plan benefit obligation, benefits paid directly to participants were \$6,708,973, purchase of annuity contracts were \$2,861,855 and a reversion of excess assets to plan sponsor amounted to \$161,126.

5. Fair Value Measurements

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include the following:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.

Bethany Home and Hospital of the Methodist Church Employees Pension Plan

Notes to Financial Statements

- Inputs other than quoted prices that are observable for the asset or liability.
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2020 and 2019.

Shares of Mutual Funds - These shares are valued at the daily closing prices, as reported by the fund. Mutual funds held by the Plan are open-end funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The shares of mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Account - Investments in shares of pooled separate accounts held with an insurance company are stated at their estimated fair market value and are valued by the insurance company based on the NAV of shares held by the Plan at year-end. The NAV is determined by the insurance company based on the market value of the underlying investments held in the pooled fund and is used as a practical expedient to measure fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes that 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.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at September 30, 2019:

	Investments at Fair Value			Total
	Level 1	Level 2	Level 3	
Mutual funds, measured at fair value	\$ 5,684,653	\$ -	\$ -	\$ 5,684,653
Pooled separate account, measured at NAV*				235,975
Total Investments				\$ 5,920,628

* These investments, which are measured at fair value using the NAV per share (or its equivalent) practical expedient, have not been categorized in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the

Bethany Home and Hospital of the Methodist Church Employees Pension Plan

Notes to Financial Statements

amounts presented in the statements of net assets available for benefits. There were no unfunded commitments related to these investments.

Investments in the pooled separate accounts can be redeemed immediately at the participant level and may occur each business day. Were the Plan to initiate a full redemption of the pooled separate accounts, the investment adviser reserves the right to temporarily delay withdrawal from the trust (specific to each redemption) in order to ensure that securities liquidations will be carried out in an orderly business manner.

6. Information Certified by the Trustee

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the Plan's trustee, has certified that the following data for the years ended September 30, 2020 and 2019, included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments, as shown in the accompanying statements of net assets available for benefits as of September 30, 2020 and 2019.
- Investment income, as shown in the accompanying statements of changes in net assets available for benefits for the years ended September 30, 2020 and 2019.
- Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions for the year ended September 30, 2020.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information provided by the trustee to the related information included in the financial statements and supplemental schedule.

7. Plan Termination and Pension Benefit Guaranty Corporation Matters

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. See discussion of Plan termination amendment in Note 1.

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

- a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable under Plan provisions in effect at any time during the three years preceding Plan termination).
- b. Other vested benefits insured by the PBGC (a U.S. Government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, vested benefits not insured by the PBGC).

Bethany Home and Hospital of the Methodist Church Employees Pension Plan

Notes to Financial Statements

- d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC upon Plan termination. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits upon Plan termination will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

8. Related Party and Party-in-Interest Transactions

Certain Plan investments are managed by and actuarial services are provided by the trustee or its affiliate. These transactions qualify as party-in-interest transactions. Certain employees of the Company provide administrative services to the Plan. These employees are not paid by the Plan for their services.

9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a determination letter dated May 21, 2003, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since the date of the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and that the related trust is tax-exempt.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon the examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

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

Bethany Home and Hospital of the Methodist Church Employees Pension Plan

Notes to Financial Statements

In March 2020, the World Health Organization declared the novel strain of coronavirus (COVID-19) a global pandemic and recommended containment and mitigation measures worldwide. This pandemic has affected global economic activity and contributed to volatility in financial markets. The value of the Plan's investments has a direct impact on its funded status. The full impact of the COVID-19 outbreak continues to evolve as of the date of this report.

Supplemental Schedule

**Bethany Home and Hospital of the Methodist Church
Employees Pension Plan**

Schedule H (Form 5500), Line 4j - Schedule of Reportable Transactions

Plan Number: 001

EIN: 36-2012788

Year ended September 30, 2020

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Asset-Aggregate:								
Category (iii) - a Series of Transactions								
Principal Life Insurance Company	Principal Life Insurance Company	\$ 8,911,290	\$ 9,879,828	\$ -	\$ -	\$ -	\$ -	\$ 762,540
Deconversion Holding	Deconversion Holding Arrangement	8,987,672	8,779,451	-	-	-	-	-
Invesco	Invesco Senior Floating rate Y	234,344	469,713	-	-	-	-	21,819
PGIM Investments	PGIM Short term Corporate bond	543,260	1,407,126	-	-	-	-	10,033
Blackrock	Blackrock Total Return Institu	622,146	1,762,763	-	-	-	-	37,957
John Hancock	John Hancock Disciplined Value	429,252	1,139,414	-	-	-	-	69,642
JP Morgan Funds	JP Morgan Large-Cap Growth R6	544,105	1,334,178	-	-	-	-	79,169
JP Morgan Funds	JP Morgan Large-Cap Growth R6	140,942	542,515	-	-	-	-	33,293
JP Morgan Funds	JP Morgan Small-Company R6	137,460	467,428	-	-	-	-	26,439
Vanguard Group	Vanguard Extended Market Index	127,962	405,870	-	-	-	-	74,196
Harding Loevner LP	Harding Loevner Emerging Market	414,821	1,208,639	-	-	-	-	159,574
Harding Loevner LP	Harding Loevner Emerging Market	-	-	-	-	-	-	-
MFS International	MFS International Intrinsic VA	-	-	-	-	-	-	-
MFS International	MFS International Intrinsic VA	-	-	-	-	-	-	-
Total Category (iii)		\$ 21,093,254	\$ 27,306,925	\$ -	\$ -	\$ -	\$ -	\$ 1,274,662

There were no category (i), (ii), or (iv) reportable transactions.

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

CGS2339 ANNUITY CONTRACT NUMBER 8-11962 DISTRIBUTION 80 377-VANBAALE 10/19/20

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

B H & H T M C
 E P P
 EIN 36 2012788
 PLAN NUMBER 001
 PLAN YEAR 10/01/2019 TO 09/25/2020

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Pooled Separate Accounts PRINCIPAL LDI INTERMEDIATE DUR	8		\$ 8,911,290.04		\$ 0.00
Pooled Separate Accounts PRINCIPAL LDI INTERMEDIATE DUR		91		\$ 9,879,828.13	\$ 762,540.16
Non Interest Bearing Cash DECONVERSION HOLDING ARRANGEME	1		\$ 8,987,672.28		\$ 0.00
Non Interest Bearing Cash DECONVERSION HOLDING ARRANGEME		2		\$ 8,779,451.27	\$ 0.00
Registered Investment Company INVESCO SENIOR FLOATING RATE Y	5		\$ 234,343.68		\$ 0.00
Registered Investment Company INVESCO SENIOR FLOATING RATE Y		26		\$ 469,713.11	\$ 21,818.71-
Registered Investment Company PGIM SHORT-TERM CORPORATE BOND	5		\$ 543,260.01		\$ 0.00
Registered Investment Company PGIM SHORT-TERM CORPORATE BOND		26		\$ 1,407,125.71	\$ 10,033.00
Registered Investment Company BLACKROCK TOTAL RETURN INSTITU	5		\$ 622,146.47		\$ 0.00
Registered Investment Company BLACKROCK TOTAL RETURN INSTITU		26		\$ 1,762,762.63	\$ 37,956.86
Registered Investment Company JOHN HANCOCK DISCIPLINED VALUE	4		\$ 429,252.00		\$ 0.00
Registered Investment Company JOHN HANCOCK DISCIPLINED VALUE		25		\$ 1,139,413.85	\$ 69,641.91
Registered Investment Company JP MORGAN LARGE CAP GROWTH R6	4		\$ 544,105.14		\$ 0.00
Registered Investment Company JP MORGAN LARGE CAP GROWTH R6		25		\$ 1,334,177.84	\$ 79,168.54
Registered Investment Company JP MORGAN US SMALL COMPANY R6	5		\$ 140,942.28		\$ 0.00

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

B H & H T M C
 E P P
 EIN 36 2012788
 PLAN NUMBER 001
 PLAN YEAR 10/01/2019 TO 09/25/2020

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Registered Investment Company JP MORGAN US SMALL COMPANY R6		25		\$ 452,515.46	\$ 33,293.07
Registered Investment Company VANGUARD EXTENDED MARKET INDEX	2		\$ 137,459.89		\$ 0.00
Registered Investment Company VANGUARD EXTENDED MARKET INDEX		25		\$ 467,428.05	\$ 26,438.82
Registered Investment Company HARDING LOEVNER EMERGING MARKE	3		\$ 127,961.70		\$ 0.00
Registered Investment Company HARDING LOEVNER EMERGING MARKE		25		\$ 405,870.19	\$ 74,195.77
Registered Investment Company MFS INTERNATIONAL, INTRINSIC VA	5		\$ 414,820.99		\$ 0.00
Registered Investment Company MFS INTERNATIONAL, INTRINSIC VA		25		\$ 1,208,638.64	\$ 159,574.33

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

Schedule SB, Line 26 - Schedule of Active Participant Data
 Bethany Home & Hospital of The Methodist Church Employees' Pension Plan
 EIN 36-2012788 Plan No. 001

Form 5500 - Schedule of Active Participation Data											Valuation Date 10/01/2019										
YEARS OF CREDITED SERVICE																					
Attained Age	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	
Under 25	0		1		0		0		0		0		0		0		0		0		0
25 to 29	0		14		2		0		0		0		0		0		0		0		0
30 to 34	0		9		3		0		0		0		0		0		0		0		0
35 to 39	0		8		3		3		1		0		0		0		0		0		0
40 to 44	0		10		5		3		0		0		0		0		0		0		0
45 to 49	0		15		4		11		6		0		0		0		0		0		0
50 to 54	0		11		11		8		7		1		1		1		0		0		0
55 to 59	0		8		11		3		6		6		2		2		0		0		0
60 to 64	0		12		8		8		2		7		5		2		2		2		0
65 to 69	0		4		2		6		2		3		3		3		0		0		1
70 & up	0		1		0		0		5		4		3		1		2		2		1

Assumptions prescribed by law

Mortality During benefit payment period
 IRS Prescribed Mortality - Static Annuitant, male and female.

Before benefit payment period
 IRS Prescribed Mortality - Static Non-annuitant, male and female.

Assumptions selected by actuary

Asset return 4.50% for the current plan year.

The asset return is developed as a weighted average rate based on the target asset allocation of the plan and the long-term capital market assumptions. The calculated return is on an arithmetic mean basis. For details, see the Long-Term Capital Market Assumptions link.

Disability mortality Alternative disabled life mortality tables as defined under Revenue Ruling 96-7 for participants disabled after 12/31/1994. Due to limited experience with this plan, this is the same assumption as used by the prior actuary.

Expected expense The expected expense included in target normal cost is an estimate based on expected expenses to be paid from plan assets for the 2019 plan year. This is the best estimate available of upcoming year's expenses.

Retirement Active and inactive participants are assumed to retire at normal retirement age as defined in Plan provisions.
 Due to limited experience with this plan, this is the same assumption as used by the prior actuary. We wil continue to monitor the reasonableness of this assumption.

Upcoming year salary increase None. Plan frozen 09/30/2019.

Disability Selected rates of disability are shown below:

Age	Rate of disability	Age	Rate of disability
20	0.05	45	0.20
25	0.06	50	0.34
30	0.07	55	0.65
35	0.09	60	1.13
40	0.13		

Due to limited experience with this plan, this is the same assumption as used by the prior actuary. We will continue to monitor the reasonableness of this assumption.

Marriage 85% married; husbands are 3 years older than wives.

Due to limited experience with this plan, this is the same assumption as used by the prior actuary. This assumption does not have material impact on the results of this report.

Withdrawal Selected rates of withdrawal are shown below:

Age (males)	Rate of withdrawal	Age (females)	Rate of withdrawal
20	29.9	20	49.9
25	19.9	25	37.9
30	13.9	30	23.9
35	9.9	35	16.3
40	5.8	40	11.5
45	3.7	45	7.5
50	1.5	50	4.6
55	0.0	55	2.5
60 and over	0.0	60 and over	0.9

Due to limited experience with this plan, this is the same assumption as used by the prior actuary. We will continue to monitor the reasonableness of this assumption.

Form of benefit and basis It is assumed that 50% of participants will elect an annuity and 50% of participants will elect a lump sum payment.

Due to limited experience with this plan, this is the same assumption as used by the prior actuary. We will continue to monitor the reasonableness of this assumption.

The lump sum payment is based on 417e mortality and the stabilized segment interest rates.

Cash balance interest crediting rate 6.60% compounded annually.

Per Amendment 3, which states after termination of the plan, effective 11/30/2019, the interest crediting rate used to determine the accrued benefits is the average of the interest crediting rates used under the plan during the 5-year period ending on the date of plan termination.

Pay credit interest rate None. Plan frozen 09/30/2019.

Methods prescribed by law

Lump sum payments

Lump sum payments are valued using the plan's funding target interest rates as required, per IRS guidance. These rates are currently higher than the actual rates used to determine lump sum distributions. Therefore, plan liabilities do not currently recognize this additional cost and this may result in the plan not accumulating adequate assets. You may wish to consider additional contributions.

Liability measure

Funding target is the present value of the benefits accrued on the valuation date. Target Normal Cost is based on benefits expected to accrue during the current plan year and includes an estimate of plan expenses for the year.

HCE benefit payment restrictions

A ratio of the plan assets and accrued liability is used to determine if restrictions apply. Assets and accrued liability are as of the valuation date and are reduced by:

- any retiree benefit index or floor
- amounts for HCEs who were previously restricted
- an amount for the retiring HCE

The estimated HCE ratio illustrated in this report is based on the market value of plan assets (excluding late deposits) and funding target as of the valuation date. The funding target uses the non-stabilized interest rates as defined in IRC §430(h)(2)(C)(iv). Other assumptions or methods could be used.

Methods selected by plan sponsor

Asset method

The asset valuation method is prescribed by law for plans that elect to use a value other than market value.

For each of the preceding two years, an expected value of assets at the end of the year is compared to the end of year market value. The resulting gain or loss is recognized evenly over three plan years.

The expected value includes contributions, distributions, any deducted administrative expenses, and expected earnings (based on the lesser of the assumed interest rate or the maximum allowable rate). The deferred gains and losses are added to the current market value and then restricted to no more than 110% and no less than 90% of that market value.

When actual returns exceed the assumed return, the actuarial value of assets will lag below market value. The lag and the smoothing effect are limited since the value must be within 10% of market value.

Segment rates

24-month average with no weighting to prior law basis. Use rates where September is the last month included in the average.

PBGC premium basis Variable Rate Premiums are calculated using census, market value of assets and interest rates in effect on the current valuation date. Interest rates are the 24-month average rates used for annual cost but without the interest rate corridor defined in IRC §430(h)(2)(C)(iv). You elected this Alternative interest method for the 10/01/2019 plan year and this method must be used for five years before a change can be made.

Methods elected by actuary

Retirees Assets and liabilities for current and future retirees are included.

Vested benefits A benefit is included in vested benefits if it meets the requirements under PBGC. The benefit is multiplied by the participant's vesting percentage applicable to each benefit on the valuation date.

The following ancillary benefits are always treated as nonvested: disability benefits payable to retirement age unless in pay status, pre-retirement death benefits in excess of the survivor annuity death benefit and post retirement death benefits for non-retired participants except as noted in the Plan provisions.

Assumptions and methods elected by actuary - plan accounting (ASC 960)

With the exceptions below, all assumptions and methods are the same as those used in determining your plan's regular funding target and target normal cost.

Mortality Based on Pri-2012 Total dataset base rate mortality table projected generationally using the Principal Mortality Improvement Scale (Principal 2015-10).

Base rates

Before benefit payment period
Employee amount-weighted, male and female

During benefit payment period
Retiree amount-weighted, male and female

The Society of Actuaries is an actuarial organization that periodically reviews mortality data and publishes mortality tables and improvement scales. In October 2019, the SOA released the Pri-2012 Mortality Tables for private-sector retirement plans in the U.S. The Pri-2012 report contains different sets of mortality tables based on complete dataset or various subsets. The Total dataset base rate table was selected based on information provided by the plan sponsor.

Pri-2012 section 12.4. provided three approaches for designated beneficiaries in the calculation of joint-and-survivor annuities. We believe "Approach 1" is reasonable for this plan and has been selected due to data limitations in identifying contingent survivors. In addition, we believe beneficiary mortality isn't materially different while both participants are alive.

Mortality improvement (MI)

Principal 2015-10 MI scale: this scale is based on MP-2019 study and model issued by SOA with the exception of the following user-selected assumptions:

- 10-year convergence period on age and cohort
- Long-term rates (LTR) assumptions using sex-distinct and age-based rates developed from Social Security Trustees Reports.

See Mortality Documentation for rationale and additional information.

Interest rate used to value liabilities

4.40%

The interest rate used to value ASC 960 liabilities is developed as long-term expected geometric return on plan assets. Arithmetic expected return is calculated as the weighted average of broad asset classes' arithmetic returns of the plan's target asset allocation, and then converted to the geometric under lognormal distribution assumption. For details, see Long-Term Capital Market Assumptions link.

Treatment of administrative expenses

No adjustments are made for administrative expenses, either through a reduction in the discount rate or by calculating a present value of future expenses.

Plan sponsors may change their administrative expense handling at any time. Our approach provides consistent handling of ASC 960 liabilities from year to year, whether expenses are paid with plan assets or directly by the employer.

Note - expenses paid with plan assets are required to be included in funding normal cost. As a result, the plan is reimbursed annually through required funding. Exception – contributions are not required due to assets sufficiently in excess of liabilities to fund both expenses and normal cost. In this case, administrative expenses are taken from the excess assets.

Basis for lump sums

Interest rate

Based on the three segment yield curve: 4.05%/4.45%/5.35%

The plan document defines the lump sum interest rate based on IRC §417(e) rates which closely tie to the high quality corporate bond yields. According to our most recent study, the long-term expected yields for short/intermediate/long corporate bonds are 4.05%/4.45%/5.35%. For details, see Corporate AA yield in Figure 4 of Long-Term Capital Market Assumptions link.

Mortality

We have selected the same mortality assumption for lump sum payments, but with a 50/50 blend of male and female total dataset base rates and mortality improvement scales. This reflects the IRS practice of defining lump sum mortality on a unisex basis.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2019

**This Form is Open to Public
Inspection**

For calendar plan year 2019 or fiscal plan year beginning 10/01/2019 and ending 09/25/2020

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

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

A Name of plan <u>Bethany Home & Hospital of The Methodist Church Employees' Pension Plan</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Methodist Hospital of Chicago</u>	D Employer Identification Number (EIN) <u>36-2012788</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2019</u>		
2	Assets:		
	a Market value	2a	<u>8968628</u>
	b Actuarial value	2b	<u>9001743</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>78</u>	<u>966255</u>
	b For terminated vested participants	<u>125</u>	<u>2669525</u>
	c For active participants	<u>263</u>	<u>4307945</u>
	d Total	<u>466</u>	<u>7943725</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.55 %</u>
6	Target normal cost	6	<u>331000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>EK</u>	<u>10/22/2020</u>
	Signature of actuary	Date
	<u>Esther Kwak</u>	<u>2005343</u>
	Type or print name of actuary	Most recent enrollment number
	<u>Principal Financial Group</u>	<u>770-272-9455</u>
	Firm name	Telephone number (including area code)
	<u>PO Box 9394 Des Moines, IA 50306-9394</u>	
	Address of the firm	

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

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

**Schedule SB (Form 5500) 2019
v. 190130**

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>3.39</u> %.....	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2708048
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.71</u> %		154630
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2862678
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding Percentages	
14 Funding target attainment percentage.....	14	112.16 %
15 Adjusted funding target attainment percentage	15	112.16 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	79.79 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:

a Segment rates:	1st segment: 3.74 %	2nd segment: 5.35 %	3rd segment: 6.11 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 66

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6).....	31a	331000
b Excess assets, if applicable, but not greater than line 31a	31b	331000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected 2 plus 7 years 15 years

b Eligible plan year(s) for which the election in line 41a was made 2008 2009 2010 2011

Schedule SB, Lines 6, 18, 31, 32 - Explanation of Short Plan year
Bethany Home & Hospital of The Methodist Church Employees' Pension Plan
EIN 36-2012788 Plan No. 001

The annual cost is prorated for the period from 10/01/2019 to 11/30/2019. This short period is based on the plan termination date of 11/30/2019 and reflects the final IRS minimum contribution regulations. Quarterly contribution requirements have been adjusted to reflect the short period.

Schedule SB, Line 22 - Description of Weighted Average Retirement Age
 Bethany Home & Hospital of The Methodist Church Employees' Pension Plan
 EIN 36-2012788 Plan No. 001

Active participants are expected to retire at the plan's assumed retirement age. The retirement rate reflects only those participants who meet retirement eligibility. An active participant working past assumed retirement age is expected to retire at current age.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
65	144.8734	0.9801	141.9932	9,229.5599
66	8.8555	0.8871	7.8555	518.4602
67	7.9921	1.0000	7.9921	535.4675
68	4.0000	0.7500	3.0000	204.0000
69	4.9901	1.0000	4.9901	344.3175
70	3.0000	1.0000	3.0000	210.0000
71	4.0000	0.7500	3.0000	213.0000
72	2.9855	0.6699	2.0000	144.0000
73	3.9706	0.7556	3.0000	219.0000
74	2.9550	1.0000	2.9550	218.6722
75	2.0000	1.0000	2.0000	150.0000
76	1.0000	1.0000	1.0000	76.0000
77	1.0000	1.0000	1.0000	77.0000
78	1.0000	1.0000	1.0000	78.0000
79	1.0000	1.0000	1.0000	79.0000
Total			185.7859	12,296.4773
Average				66.19

Schedule SB, Part V - Summary of Plan Provisions
Bethany Home & Hospital of The Methodist Church Employees' Pension Plan
EIN 36-2012788 Plan No. 001

This report reflects the maximum benefit limits under Internal Revenue Code (IRC) Section 415 and maximum compensation limits under IRC Section 401 in effect on the first day of each plan year.

The following is a summary of plan provisions and does not alter the intent or meanings of the provisions contained in the contract or plan document. This report reflects the provisions of the 10/01/2015 plan restatement, signed 09/30/2016 and updated for Amendment 3 signed 09/23/2019.

Plan eligibility

- Age or service** The later of the date he attains age 20.5 or the date he completes six months of employment with the employer.
- Class** Eligible employee means any employee who is not covered under the terms of a collective bargaining agreement and who does not hold a medical doctor degree.
- Frozen** Effective 09/30/2019, no employee or former employee shall become an active participant, and no inactive participant or former participant shall again become an active participant.

Normal retirement benefit

- Age and participation** Later of attained age 65, or the fifth anniversary of the date he commenced participation in the plan.
- Form** Monthly annuity payable for life (optional forms may be elected in advance of retirement).
- Amount (accrued benefit)** Sum of (1) and (2):
(1) \$5.00 times the number of years of Benefit Service.
(2) A monthly amount that is the Actuarially Equivalent to a Member's Pension Account balance as set forth in Supplement A of the plan.
- Frozen accrued benefit** Effective 09/30/2019, the traditional accrued benefit and the pay credit for a participant is frozen and no additional benefits shall accrue after such date.

Supplement A

Purpose	Benefits for Critical-Skill Staff. These benefits are in addition to the benefits earned under the Plan.
Effective date	December 31, 1990.
Critical-skill staff	An employee of the employer who is employed in the following job classifications: Administrator (Senior Management), Director, Registered Nurse, Controller, Physical Therapist, Pharmacist, Chief Technologist – Laboratory, and Ultrasound Technologist.
Investment credits	The additions to the Pension Account as of each December 31 equal to the Investment Percentage multiplied by the member's Pension Account as of the preceding January 1. Investment Credits shall be credited until payments commence under the plan.
Investment percentage	Effective prior to 09/30/2017 - 7.00%. On and after 09/30/2017 – 6.00%. Interest credits after the termination of the plan, 11/30/2019, the interest credit rate used to determine the accrued benefits shall be equal to the average of the interest credit rates used under the plan during the 5-year period ending on the date of plan termination.
Pay credits	<p>As of each December 31, each member's Pension Account shall be credited with an amount equal to 2.00% of the member's Salary, provided the member completed 1,000 hours of service during the preceding 12 month period and was actively employed by the employer on December 31.</p> <p>See Amendment 1, signed 10/17/2018, for Pay Credits for year's 1990-2014.</p> <p>Effective 09/30/2019, no additional pay credits shall accrue for a participant.</p>
Pension account	<p>Must be actively employed by the employer on the December 31 following the date eligibility requirements are met. A lump sum dollar amount determined comprised of Pay Credits and Investment Credits.</p> <p>Effective 09/30/2019, the Pension account is credited with an amount equal to 2.00% of a participant's compensation as of 09/30/2019, converted to an annual basis, provided he completed 1,000 hours from 01/01/2019 to 09/30/2019 and was actively employed by the employer on 09/30/2019.</p>
Salary	A member's annual earnings from the employer as shown on form W-2.
Eligibility	Only Critical-Skill Staff who are not highly compensated employees. One year and a completion of 1,000 hours of service during a 12-consecutive month period are required.
Retirement benefit	A member's accrued benefit derived from his Pension Account shall be added to the portion of his accrued benefit calculated under the Plan.

Vested benefit	If employment is terminated for reasons other than death or retirement, a member shall be entitled to receive his accrued benefit under the Supplement A at the same time that he receives the portion of the accrued benefit under the Plan.
Disability benefit	If employment is terminated due to disability, a member shall have his accrued benefit under this Supplement A added to the portion of his accrued benefit calculated under the plan and shall receive a disability pension from the Plan.
Death benefits	In the event of a member's death, his accrued benefit under this Supplement A shall be added to the portion of his accrued benefit calculated under the Plan and shall be paid in accordance of the Plan.
 Early retirement benefit	
Age	Attained age 60.
Service	Completed 10 years of vesting service.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on Early Retirement Date reduced by one-half of one percent for each month (6.00% per year) that the early retirement date precedes normal retirement date.
 Late retirement benefit	
Age	No maximum age.
Form	Same as normal retirement benefit.
Amount	Accrued benefit on late retirement date.
 Termination benefit	
Vesting percentage	Prior to 10/01/2008, 100% after five years of vesting service. On and after 10/01/2008, 100% vesting percentage upon completion of 3 years of vesting service.
TEFRA minimum investing percentage	In top heavy years, the schedule as follows: 20% after 2 years of vesting service; 40% after 3 years of vesting service; 60% after 4 years of vesting service; 100% after 5 years of vesting service.
Form	Same as normal retirement benefit with income deferred until normal retirement date.
Amount	Accrued benefit on date of termination multiplied by the vesting percentage.

Disability benefit

Eligibility	If a member has a physical or mental condition of such severity and probable prolonged duration as to qualify the member for disability retirement under the Social Security Act and if such condition prevents the member from engaging in any substantial gainful activity.
Service	10 years of vesting service.
Form	Monthly income payable until normal retirement, death, or recovery and a deferred annuity payable at the normal retirement date.
Amount	Accrued benefit on date of disability.

Post-retirement death benefit

Eligibility	Member dies after payment of his retirement benefits have commenced.
Amount	A death benefit will be paid in accordance with the form of payment of retirement benefits in effect for such member.

Death after earliest retirement date

Eligibility	Active or inactive participant.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day. However, at the surviving spouse's option, the entire accrued benefit may be distributed in a lump sum.

Pre-retirement death benefit (a vested benefit)

Eligibility	Qualified participant fully or partially vested in an accrued benefit.
Amount	If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid had the participant terminated employment on the date of death and survived to his/her earliest retirement age, retired with a qualified joint and 50% survivor annuity in effect, then died the next day.

Pre-retirement death benefit of beneficiary

Eligibility	January 1, 2010.
Amount	If a member dies before his benefits have started and is unmarried at the time of death or has designated a beneficiary other than his spouse (with consent of spouse), a preretirement death benefit will be paid to the member's beneficiary.

Death after normal retirement date

Eligibility	Active participants.
Amount	Same as death after earliest retirement date, unless by the date of his death, he has made a valid written election to receive the qualified joint and survivor annuity form or an optional form of retirement benefit. Payment will become effective as of the member's normal retirement date and will remain in effect until the member's spouse dies or the member's deferred retirement date.

Definitions

Benefit service	Equal to an employee's years of employment (including portions of years) with the employer while an eligible employee, including years of employment on or after his Normal Retirement Date. Benefit service accrued after the date a participant's traditional accrued benefit is frozen, is excluded.
Actuarially equivalent	A benefit of equivalent value when determined based on specific interest and mortality assumptions.
Deferred retirement date	The first day of the month coincident with or next following his actual retirement after his Normal Retirement Date.
Qualified joint and survivor annuity	For any member who has a spouse on the date benefits under this Plan starts, an annuity payable monthly for the lifetime of the member and a survivor annuity payable monthly to such spouse (if living) upon the member's death which is 50% of the amount of the annuity payable during the lifetime of the member.
Non-qualified joint and survivor annuity	Provides for monthly benefit payments in an amount which is Actuarially Equivalent to benefit payments in the Plan's normal form continuing to the first day of the month in which occurs the death of the survivor of the member and the joint annuitant. The monthly benefit will be payable during the lifetime of the member and upon his death 50%, 75%, or 100% (selected by the member) of such monthly benefit will be payable to his surviving joint annuitant, if living, for the surviving joint annuitant's lifetime. No benefit will be payable after the death of the member and his surviving joint annuitant.

Optional forms of benefit payments

The optional forms of benefit payments are:

- Monthly annuity payable for life, or 5, 10, 15 or 20 years certain and life.
- Monthly annuity payable as a Non-Qualified Joint and Survivor Annuity with survivorship percentages of 50, 75 or 100.
- Single sum payment (versus a direct rollover) equal to 80% of the payment because the IRS requires that 20% is withheld for income tax purposes.

The optional form conversion basis is 7.00% interest and the 1971 Group Annuity Mortality Table for Males setback two years for members and the 1971 Group Annuity Mortality Table for Females without setback for spouses of members or other contingent annuitants for payments other than lump sums.

For lump sums on or after 02/01/1997, the Actuarial Equivalent present value of a participant's accrued benefit will be based on the greater of (1) or (2):

- (1) 7.00% interest and the 1971 Group Annuity Mortality Table for Males setback two years for members and the 1971 Group Annuity Mortality Table for Females without setback for spouses of members or other contingent annuitants.
- (2) The applicable interest rate is the yield rate for 30-year Treasury constant maturity securities in effect 2 months prior to the plan year of distribution provided in the Federal Reserve Statistical Release. The applicable mortality table shall be based on the 1983 Group Annuity Mortality Table (male) or such other mortality table designated by the Secretary of the Treasury under Section 417e of the Code, whichever produces the greatest benefit. Effective 01/01/2003, mortality shall be based on the applicable mortality table as prescribed in IRS Revenue Ruling 2001-62.

On and after 10/01/2008, the Actuarial Equivalent present value of a member's lump sum distribution or any other form of distribution which is subject to Code Section 417e, will be determined based on the mortality table as defined in Code Section 417e and the interest rate shall be adjusted first, second, and third segment rates applied under the rules similar to the rules of Code Section 430(h)(2)(c) in effect two months preceding the plan year that contain the annuity starting date.

Changes in Principal Eligibility or Benefit Provisions

There have been no changes in principal eligibility or benefit provisions since the last valuation.

Significant Event

The following significant event occurred during the plan year:

The plan terminated effective November 30, 2019.

Certain non-prescribed assumptions have been changed since last year. These assumptions were changed to better reflect the anticipated experience of your plan. See the attachment, Part V – Statement of Actuarial Assumptions/Methods, for the rationale for each assumption.

The assumed asset return for the current year has decreased from 5.75% to 4.50%. This rate is used in the calculation of the actuarial value of plan assets.

The upcoming year salary increase assumption was changed from 4.00% to not applicable due to the plan freeze amendment effective 09/30/2019.

The cash balance interest crediting rate has changed from 6.00% to 6.60% due to Amendment 3, which states after termination of the plan, effective 11/30/2019, the interest crediting rate used to determine the accrued benefits is the average of the interest crediting rates used under the plan during the 5-year period ending on the date of plan termination. To be consistent with the accounting report, this was treated as a plan change instead of an assumption change.

The pay credit interest rate assumption was changed from 2.00% to non applicable due to the plan freeze amendment effective 09/30/2019.