

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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 style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2022</p> <hr/> <p style="text-align: center; font-weight: bold;">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 <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____
B	This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>WEST SUBURBAN HEALTH CARE PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>019</u>
	1c Effective date of plan <u>01/01/1954</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ASCENSION HEALTHCARE</u> <u>4600 EDMUNDSON</u> <u>ST. LOUIS, MO 63134</u>	2b Employer Identification Number (EIN) <u>31-1662309</u>
	2c Plan Sponsor's telephone number <u>314-733-8600</u>
	2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	CHRIS BELCHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">ASCENSION HEALTH DBA ASCENSION HEALTHCARE</p> <p style="color: blue;">P.O. BOX 45998 ST. LOUIS, MO 63145-5998</p>	<p>3b Administrator's EIN 31-1662309</p> <p>3c Administrator's telephone number 314-733-8600</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 1752</p>
<p>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).</p>	
<p>a(1) Total number of active participants at the beginning of the plan year</p>	<p>6a(1) 15</p>
<p>a(2) Total number of active participants at the end of the plan year</p>	<p>6a(2) 0</p>
<p>b Retired or separated participants receiving benefits</p>	<p>6b 0</p>
<p>c Other retired or separated participants entitled to future benefits.....</p>	<p>6c 0</p>
<p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p>	<p>6d 0</p>
<p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p>	<p>6e 0</p>
<p>f Total. Add lines 6d and 6e</p>	<p>6f 0</p>
<p>g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....</p>	<p>6g</p>
<p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6h 0</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>
<p>8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1I</p> <p>b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:</p>	
<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
<p>10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)</p>	
<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> 0 A (Insurance Information)</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>

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 _____

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 01/01/2022 and ending 12/31/2022

▶ **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>WEST SUBURBAN HEALTH CARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>019</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASCENSION HEALTHCARE</u>		
D Employer Identification Number (EIN) <u>31-1662309</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>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>96422693</u>	
b Actuarial value	2b	<u>90354305</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>957</u>	<u>48667410</u>	<u>48667410</u>
b For terminated vested participants.....	<u>780</u>	<u>32425883</u>	<u>32425883</u>
c For active participants.....	<u>15</u>	<u>885963</u>	<u>885963</u>
d Total	<u>1752</u>	<u>81979256</u>	<u>81979256</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>5.36 %</u>
6 Target normal cost			
a Present value of current plan year accruals.....	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>910000</u>
c Total (line 6a + line 6b)	6c		<u>910000</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>10/13/2023</u> Date
	<u>CARL D CRUZAN</u> Type or print name of actuary	<u>23-07108</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>314-719-5900</u> Telephone number (including area code)
	<u>7733 FORSYTH BOULEVARD SUITE 1350 ST. LOUIS, MO 63105</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>13.93</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).....		0
	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>5.54</u> %.....		0
	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.....		0
	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	110.21 %
15	Adjusted funding target attainment percentage	15	110.21 %
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	103.37 %
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 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	910000
b Excess assets, if applicable, but not greater than line 31a	31b	910000

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 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 01/01/2022 and ending 12/31/2022

A Name of plan <u>WEST SUBURBAN HEALTH CARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>019</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASCENSION HEALTHCARE</u>	D Employer Identification Number (EIN) <u>31-1662309</u>	

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

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

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

ASC HEALTHCARE MASTER PENSION TRUST

36-6891022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	975317	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)

(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"/>

(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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small; text-align: center;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small; text-align: center;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan 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 style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<p>A Name of plan <u>WEST SUBURBAN HEALTH CARE PENSION PLAN</u></p>	<p>B Three-digit plan number (PN) ▶ <u>019</u></p>
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<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASCENSION HEALTHCARE</u></p>	<p>D Employer Identification Number (EIN) <u>31-1662309</u></p>
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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: ASC HEALTHCARE MASTER PENSION TRUST

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

c EIN-PN <u>36-6891022-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

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

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)

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan WEST SUBURBAN HEALTH CARE PENSION PLAN	B Three-digit plan number (PN) ► 019
C Plan sponsor's name as shown on line 2a of Form 5500 ASCENSION HEALTHCARE	D Employer Identification Number (EIN) 31-1662309

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)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	0 0
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)	
(11) Value of interest in master trust investment accounts.....	1c(11)	96422693 0
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	
(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	96422693	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	7636	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7636	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	96415057	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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(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)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		-16128395
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-16128395
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4926684	
(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)		4926684
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	197220	
(4) Other	2i(4)	778097	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		975317
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5902001
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-22030396
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		74384661

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: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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		20000000
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)
ASCENSION HEALTHCARE LEGACY ERISA PENSION PLAN	31-1662309	021

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 484445.

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 01/01/2022 and ending 12/31/2022

A Name of plan <u>WEST SUBURBAN HEALTH CARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>019</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASCENSION HEALTHCARE</u>	D Employer Identification Number (EIN) <u>31-1662309</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): 36-6891022

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

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

3	1
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

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: 12.0 % Investment-Grade Debt: 8.0 % High-Yield Debt: 0.0 % Real Estate: 2.0 % Other: 78.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

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

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

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

Yes.

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

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

No. Other. Provide explanation _____

WEST SUBURBAN HEALTH CARE PENSION PLAN
FINANCIAL STATEMENTS
YEARS ENDED DECEMBER 31, 2022 AND 2021



CPAs | CONSULTANTS | WEALTH ADVISORS

CLAcconnect.com

**WEST SUBURBAN HEALTH CARE PENSION PLAN
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*** CERTAIN SCHEDULES ARE INCLUDED WITH FORM 5500 OF THE MASTER TRUST (ANNUAL RETURN/REPORT OF EMPLOYEE BENEFIT PLAN) FILED WITH THE DEPARTMENT OF LABOR FOR THE MASTER TRUST PLAN YEAR ENDED DECEMBER 31, 2022, AND ARE NOT REQUIRED TO BE DISCLOSED FOR THIS PLAN.**



INDEPENDENT AUDITORS' REPORT

Plan Administrator
West Suburban Health Care Pension Plan
St. Louis, Missouri

Report on the Audit of the Financial Statements

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

We have performed audits of the accompanying financial statements of West Suburban Health Care Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Plan Administrator
West Suburban Health Care Pension Plan

In performing an audit in accordance with GAAS, we:

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

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

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

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



CliftonLarsonAllen LLP

St. Louis, Missouri
October 11, 2023

**WEST SUBURBAN HEALTH CARE PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2022 AND 2021**

	2022	2021
ASSETS		
INVESTMENT IN MASTER TRUST (At Fair Value)		
Plan's Interest in the Ascension Healthcare Master Trust	\$ 74,392,009	\$ 96,422,693
Total Assets	74,392,009	96,422,693
LIABILITIES		
ACCOUNTS PAYABLE	7,348	7,636
NET ASSETS AVAILABLE FOR BENEFITS	\$ 74,384,661	\$ 96,415,057

See accompanying Notes to Financial Statements.

**WEST SUBURBAN HEALTH CARE PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2022 AND 2021**

	2022	2021
ADDITIONS:		
INVESTMENT INCOME (LOSS)		
Plan's Interest (Loss) in the Ascension Healthcare Master Trust	\$ (16,325,615)	\$ 11,937,715
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	(4,926,684)	(4,923,090)
ADMINISTRATIVE EXPENSES	(778,097)	(753,536)
Total Deductions	(5,704,781)	(5,676,626)
NET INCREASE (DECREASE)	(22,030,396)	6,261,089
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	96,415,057	90,153,968
End of Year	\$ 74,384,661	\$ 96,415,057

See accompanying Notes to Financial Statements.

**WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 DESCRIPTION OF PLAN

The following brief description of West Suburban Health Care Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Organization

Ascension Health dba: Ascension Healthcare, the Plan Sponsor, is a Catholic national health system consisting primarily of nonprofit corporations that own and operate local healthcare facilities. Ascension Health Alliance dba: Ascension, a Missouri nonprofit corporation formed on September 13, 2011, is the sole corporate member and parent organization of Ascension Healthcare. Ascension Health Alliance directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves.

The Plan is administered by the Ascension Healthcare (Plan administrator). The Plan administrator has overall responsibility for the operation and administration of the Plan. The Plan administrator determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan administrator has elected to merge the Plan assets into the Ascension Healthcare Legacy ERISA Pension Plan effective January 1, 2023.

General

The Plan is a noncontributory, defined benefit pension plan that covers substantially all employees of West Suburban Medical Center (the Medical Center) and participating affiliates, and provides for retirement, death, and disability benefits. The Plan was originally effective January 1, 1954, and has been amended and restated throughout the years to comply with tax legislation and most recently amended January 1, 2021. The Plan is frozen effective January 1, 2002 to new entrants and there were no additional benefit accruals from that date forward. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits

All participants are fully vested in the Plan's benefits. The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and death benefits. Benefits under the Plan are determined based upon an annual retirement income credit in accordance with the Plan prior to becoming frozen on December 31, 2001. Participants may elect to receive their pension benefits from various forms of joint and survivor annuities.

**WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 1 DESCRIPTION OF PLAN (CONTINUED)

Death and Disability Benefits

If an active employee dies at age 45 or older and 10 years of service, a death benefit is paid to the participant's beneficiary. A surviving eligible spouse receives a lifetime income of 40% of the member's benefit. Participants are entitled to disability benefits upon total and presumably permanent disability while an employee and after ten years of credited service. The benefit amount is based upon credited service the employee would have had at normal retirement age with their annual compensation remaining the same at the time the disability occurred.

Termination Benefits

A participant whose service is terminated and who is not eligible for the death or disability benefits described above is entitled to a deferred vested benefit equivalent to the participant's accrued vested benefit as of January 1, 2002, commencing on the participant's normal retirement date or in a lump sum distribution.

Vesting

A participant becomes fully vested after five years of continuous service with 1,000 hours of service each year. Participants are fully vested in their accrued benefits after five years of vesting service and upon death or disability. Upon Plan freezing, eligible participants became 100% vested in the Plan.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

**WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- 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 market value measurement. Investments are measured at net asset value.

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2022 and 2021.

Investment Valuation and Income Recognition

Investments in the Ascension Healthcare Master Pension Trust (the Master Pension Trust), are stated at fair value based on the measurements described in Note 5.

The Master Pension Trust's investments are exposed to various kinds and levels of risk. Fixed income securities expose the Master Pension Trust to interest rate risk, credit risk, and liquidity risk. Equity securities expose the Master Pension Trust to market risk, performance risk, and liquidity risk.

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

Alternative investments consist of hedge funds, private equity funds, and real estate partnerships. Hedge funds, private equity funds, and real estate investments present similar risks to all of the traditional investments, with some additional risks. Because of the nature of these investments, pricing is infrequent. Due to this limited-access structure, liquidity will also be limited. These investments may also employ leverage which may lead to additional risk of loss. Although these investments are diversified by region and type, they may at times have concentrations in a particular region or type which may cause additional risk. Due to inherent uncertainty of valuation, values may differ significantly from the values that would have been used had a ready market for the alternative investments existed, and differences could be material.

Purchases and sales of investments are accounted for on a trade-date basis. Realized gains and losses from the sales of investments are computed using the average cost method. Interest income and expense are recorded on an accrual basis. Dividend income and expense are recorded on the ex-dividend date, net of applicable foreign withholding taxes. Interest and dividend income are included in other investment gain.

Allocated Expenses

Income from Master Pension Trust investments, including interest and dividend income and realized and unrealized appreciation (depreciation) in fair value of investments, is reported net of fees paid to investment managers.

The statements of changes in net assets available for benefits includes a monthly allocation of net income and administrative expenses from the Master Pension Trust based upon the ratio of the Plan's holdings in the Master Trust. Contributions and benefit payments are based upon the Plan's actual experience.

Administrative expenses for the operation of the Plan are paid from the Master Pension Trust.

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Derivative Contracts

As part of the total investment strategy, and to meet the primary objectives established by the Committee, the Plan's investment manager utilizes derivative financial instruments. In the normal course of business, the Master Pension Trust is exposed to interest rate, credit, performance, and global market risks, including the effect of changes in foreign currency exchange rates. To manage these risks, the Master Pension Trust enters into various derivatives contracts. Interest rate contracts including swaps, options, and futures are used to manage the effects of interest rate fluctuations. Credit contracts, including credit default swaps, where the Master Pension Trust is the purchaser of protection, are used to manage credit risk and credit exposure. Credit default swaps where the Master Pension Trust is a seller of protection are used to generate fee income. Foreign currency exchange contracts including forwards, options, and futures are used to manage foreign exchange exposure and short-term interest rates. Equity contracts, including swaps and futures, are used to hedge foreign currency risk, adjust foreign currency exposure, and maintain synthetic exposure. The vast majority of the derivatives are OTC customized derivative transactions and are not exchange-traded. Ascension Healthcare management, along with an external consulting firm, reviews the derivative positions and overall risk management strategy on a regular basis.

Due To/From Brokers and Counterparties

Due to/from brokers and counterparties represent positions and amounts due to (from) various brokers and counterparties, primarily amounts for security transactions not yet settled, as well as cash held by brokers for securities sold, but not yet purchased. If the brokers are unable to fulfill their obligations, the Master Pension Trust would be subject to counterparty credit risk.

Foreign Currency

Assets and liabilities denominated in foreign currencies are translated at the rates of exchange prevailing at the date of the financial statements as determined by the Trustee.

Transactions in foreign currencies are translated at the rates of exchange prevailing at the time of the transaction as determined by the Trustee. Exchange gains or losses (both realized and unrealized) are recognized within investment income.

The Master Pension Trust does not isolate that portion of gains and losses on investments which is due to changes in foreign exchange rates caused by changes in market prices of the investments. Such fluctuations are included with investment income.

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

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

The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered through January 1, 2002. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the highest five consecutive years of the last ten which produces the highest average annual compensation. The actuarial information presented is based on end of year information.

The accumulated plan benefits for active employees are based on their average compensation during the five years ending through January 1, 2002. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to January 1, 2002.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount which 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 such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2022 and 2021 are as follows:

Mortality – Mortality Improvement Scale MP-2017; Base Mortality Table RP-2014, without collar or amount adjustments, projected back to 2006 using Scale MP-2014

Retirement Age – Average age 63. A graduated table is used for retirement between ages 55 through 70

Interest Rate – 8.00% for 2022 and 2021

**WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

Benefit Payments

Benefits are recorded when paid.

Subsequent Events

As indicated in Note 1, the Plan administrator elected to merge the assets of the Plan into the Ascension Healthcare Legacy ERISA Pension Plan effective January 1, 2023. The Plan has evaluated subsequent events through October 11, 2023, the date the financial statements were available to be issued.

NOTE 3 CERTIFICATION OF INVESTMENT INFORMATION

Northern Trust Company, the trustee of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2022 and 2021 and the statements of changes in net assets available for benefits for the years then ended. Northern Trust also certifies the Master Pension Trust investment information presented in Note 4.

The alternative investments reported by the Master Pension Trust include a fair market value adjustment in the amount of \$6,094,817 and \$89,109,471, for the years ended December 31, 2022 and 2021. The Plan's interest in the fair market value adjustment included in the Plan's Interest (Loss) in the Ascension Healthcare Master Pension Trust is \$61,771 and \$896,911, for the years ended December 31, 2022 and 2021, respectively. These adjustments are not covered by the Northern Trust Company certification.

NOTE 4 PARTICIPATION IN MASTER TRUST

The Plan's investments are part of the Master Pension Trust, which was established for the investment of assets of the Plan and several care Health affiliate sponsored retirement plans. Each participating retirement plan has an undivided interest in the assets of the Master Pension Trust, which relate to all participating plans. Such assets of the Master Pension Trust are held by the Trustee. At December 31, 2022 and 2021, the Plan's interest in the net assets of the Master Pension Trust was approximately 1% both years.

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 4 PARTICIPATION IN MASTER TRUST (CONTINUED)

Net Assets Available for Benefits of the Master Pension Trust				
(Dollars in Thousands)				
ASSETS	2022		2021	
	Trust	Plan's Interest In the Trust	Trust	Plan's Interest In the Trust
INVESTMENTS (at Fair Value)				
Pooled Short-Term Investment Funds	\$ 651,791	\$ 6,606	\$ 654,639	\$ 6,589
Short-Term Investments	-	-	17,002	171
Foreign Currency	686	7	2,753	28
Commercial Paper	-	-	7,002	70
U.S. Government, State, Municipal, and Agency Obligations	2,363,973	23,959	2,137,671	21,516
Asset-Back Securities:				
U.S. Agency	81,247	823	81,741	823
Corporate	533,951	5,412	1,221,513	12,295
Corporate and Foreign Government Fixed Maturities:				
United States	76,002	770	148,699	1,497
International	504,926	5,117	581,656	5,855
Equity Securities:				
United States	317,065	3,213	1,448,449	14,579
International	533,733	5,409	804,214	8,095
Commodities	306,291	3,104	335,579	3,378
Alternative Investments:				
Hedge Funds	350,054	3,548	416,347	4,191
Private Equity	1,430,887	14,502	1,527,308	15,373
Real Estate	151,119	1,532	148,436	1,494
Total Investments at Fair Value	7,301,725	74,002	9,533,009	95,953
RECEIVABLES				
Due from Brokers and Counterparties	107,510	1,090	65,695	661
Derivatives Receivable	78,280	793	156,389	1,574
Interest Receivable	22,855	232	13,553	136
Total Receivables	208,645	2,115	235,637	2,372
Total Assets	7,510,370	76,117	9,768,646	98,324
LIABILITIES				
PAYABLES				
Due to Brokers and Counterparties	108,310	1,098	83,285	838
Accrued Liabilities	4,986	51	4,090	41
Derivatives Payable	56,926	577	101,530	1,022
Total Payables	170,222	1,725	188,905	1,901
NET ASSETS AVAILABLE FOR BENEFITS	\$ 7,340,148	\$ 74,392	\$ 9,579,741	\$ 96,423

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 4 PARTICIPATION IN MASTER TRUST (CONTINUED)

Changes in Net Assets Available for Benefits of the Master Pension Trust (Dollars in Thousands)		
	2022	2021
INVESTMENT INCOME (LOSS)		
Realized Gain (Loss)	\$ (811,944)	\$ 779,983
Unrealized Gain (Loss)	(270,034)	480,382
Other Investment Gain (Loss)	(50,106)	45,616
Total Investment Income	(1,132,084)	1,305,981
Less: Investment Expenses	482,900	126,229
Net Investment Income (Loss)	(1,614,984)	1,179,752
NET TRANSFER OF ASSETS FROM THE PLANS	(624,609)	(590,135)
CHANGES OF NET ASSETS AVAILABLE FOR BENEFITS	\$ (2,239,593)	\$ 589,617

NOTE 5 FAIR VALUE OF INVESTMENTS

The following table sets forth by level, within the fair value hierarchy, the Master Pension Trust's assets and liabilities (dollars in thousands) at fair value as of December 31:

	2022				
	Level 1	Level 2	Level 3	NAV	Total
Assets					
Pooled Short-Term Investment Funds	\$ 651,791	\$ -	\$ -	\$ -	\$ 651,791
Foreign Currency	686	-	-	-	686
U.S. Government, State, Municipal and Agency Obligations	-	2,363,973	-	-	2,363,973
Asset-Back Securities:					
U.S. Agency	-	81,247	-	-	81,247
Corporate	-	533,951	-	-	533,951
Corporate and Foreign Government					
Fixed Maturities:					
United States	-	75,973	29	-	76,002
International	-	504,924	2	-	504,926
Equity Securities:					
United States	314,083	-	2,982	-	317,065
International	461,704	-	78	71,951	533,733
Commodities	-	306,291	-	-	306,291
Alternative Investments:					
Hedge Funds	-	-	-	350,054	350,054
Private Equity	-	-	-	1,430,887	1,430,887
Real Estate Partnerships	-	-	-	151,119	151,119
Derivatives Receivable:					
Interest Rate	54	2,712	-	-	2,766
Equity	5,119	70,205	-	-	75,324
Credit	-	190	-	-	190
Total Assets at Fair Value	\$ 1,433,437	\$ 3,939,466	\$ 3,091	\$ 2,004,011	\$ 7,380,005
Liabilities					
Derivatives Payable:					
Interest Rate	\$ (32)	\$ (946)	\$ -	\$ -	\$ (978)
Equity	(2,393)	(53,547)	-	-	(55,940)
Commodity	-	(8)	-	-	(8)
Total Liabilities at Fair Value	\$ (2,425)	\$ (54,501)	\$ -	\$ -	\$ (56,926)

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

	2021				
	Level 1	Level 2	Level 3	NAV	Total
Assets					
Pooled Short-Term Investment Funds	\$ 654,639	\$ -	\$ -	\$ -	\$ 654,639
Short-Term Investments	-	17,002	-	-	17,002
Foreign Currency	2,753	-	-	-	2,753
Commercial Paper	-	7,002	-	-	7,002
U.S. Government, State, Municipal and Agency Obligations	-	2,137,671	-	-	2,137,671
Asset-Back Securities:					
U.S. Agency	-	81,741	-	-	81,741
Corporate	-	1,209,876	11,637	-	1,221,513
Corporate and Foreign Government					
Fixed Maturities:					
United States	-	117,497	94	31,108	148,699
International	-	581,654	2	-	581,656
Equity Securities:					
United States	1,440,991	5,406	2,052	-	1,448,449
International	676,918	-	691	126,605	804,214
Alternative Investments:					
Hedge Funds	-	-	-	416,347	416,347
Private Equity	-	-	-	1,527,308	1,527,308
Real Estate Partnerships	-	-	-	148,436	148,436
Commodities	-	335,579	-	-	335,579
Derivatives Receivable:					
Interest Rate	92	1,051	-	-	1,143
Equity	8,249	145,975	-	-	154,224
Credit	-	1,022	-	-	1,022
Total Assets at Fair Value	<u>\$ 2,783,642</u>	<u>\$ 4,641,476</u>	<u>\$ 14,476</u>	<u>\$ 2,249,804</u>	<u>\$ 9,689,398</u>
Liabilities					
Derivatives Payable:					
Interest Rate	\$ (63)	\$ (474)	\$ -	\$ -	\$ (537)
Equity	(3,244)	(97,639)	-	-	(100,883)
Credit	-	(110)	-	-	(110)
Total Liabilities at Fair Value	<u>\$ (3,307)</u>	<u>\$ (98,223)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (101,530)</u>

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table set forth a summary of changes in the fair value of the Master Pension Trust's Level 3 assets (dollars in thousands) for the year ended December 31:

	2022					
	Balance, Beginning of Year	Total Gains (Losses), Realized and Unrealized, Included in Total Investment Income	Purchases	Sales	Transfers In and/or Out of Level 3	Ending Balance
Fair Value Measurements for Level 3 Assets:						
Asset-Back Securities:						
Corporate	\$ 11,637	\$ (373)	\$ -	\$ (5,212)	\$ (6,052)	\$ -
Corporate and Foreign Government Fixed Maturities:						
United States	94	2	-	(66)	-	30
International	2	-	-	-	-	2
Equity Securities:						
United States	2,052	(47)	982	(5)	-	2,982
International	691	65	-	(679)	-	77
Total	<u>\$ 14,476</u>	<u>\$ (353)</u>	<u>\$ 982</u>	<u>\$ (5,962)</u>	<u>\$ (6,052)</u>	<u>\$ 3,091</u>

The net amount of losses for the period included in investment gain attributable to the change in unrealized appreciation or depreciation relating to assets still held at December 31, 2022 is \$53

There were no significant transfers between Levels 1 and 2 during the year ended December 31, 2022. The basis for recognizing and valuing transfers into or out of Level 3 in the Level 3 rollforward is as of the beginning of the period in which the transfers occur.

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

	2021					
	Balance, Beginning of Year	Total Gains (Losses), Realized and Unrealized, Included in Total Investment Income	Purchases	Sales	Transfers In and/or Out of Level 3	Ending Balance
Fair Value Measurements for Level 3 Assets:						
Asset-Back Securities:						
Corporate	\$ 10,520	\$ (1,160)	\$ 9,546	\$ (1,072)	\$ (6,197)	\$ 11,637
Corporate and Foreign Government Fixed Maturities:						
United States	35	(4)	172	(109)	-	94
International	214	3	95	(310)	-	2
Equity Securities:						
United States	2,501	(951)	1,103	(393)	(208)	2,052
International	174	606	986	(1,258)	183	691
Total	<u>\$ 13,444</u>	<u>\$ (1,506)</u>	<u>\$ 11,902</u>	<u>\$ (3,142)</u>	<u>\$ (6,222)</u>	<u>\$ 14,476</u>

The net amount of losses for the period included in investment gain attributable to the change in unrealized appreciation or depreciation relating to assets still held at December 31, 2021 is \$2,347.

There were no significant transfers between Level 1 and 2 during the year ended December 31, 2021. The basis for recognizing and valuing transfers into or out of Level 3 in the Level 3 rollforward is as of the beginning of the period in which the transfers occur.

Investments and derivatives classified as Level 1 are valued using unadjusted quoted market prices for identical assets or liabilities in active markets. The Master Pension Trust uses techniques consistent with the market approach and income approach for measuring fair value of its Level 2 and Level 3 investments and derivatives. The market approach is a valuation technique that uses prices and other relevant information generated by market transactions involving identical or comparable investments or derivatives. The income approach generally converts future amounts (cash flows or earnings) to a single present value amount (discounted).

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

As of December 31, 2022 and 2021, the Level 1, 2, and 3 investments and derivatives listed in the fair value hierarchy tables use the following valuation techniques and inputs:

Equity Securities and Pooled Short-Term Investment Funds – The majority are valued at the closing price reported on the active market on which the individual securities are traded. Others are priced internally and therefore are reported in the net asset value (NAV) column.

Derivative Contracts – The fair value of derivative contracts is primarily determined using techniques consistent with the market approach. Derivative contracts include interest rate, credit default and total return swaps. Significant observable inputs to valuation models include interest rates, treasury yields, volatilities, credit spreads, maturity and recovery rates.

U.S. Government, State, Municipal, and Agency Obligations – The fair value of investments in U.S. government, state, municipal, and agency obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark, constant maturity curves, and spreads.

U.S. Agency and Corporate Asset-Backed Securities – The fair value of U.S. agency and corporate asset-backed securities is primarily determined using techniques consistent with the income approach, such as a discounted cash flow model. Significant observable inputs include prepayment speeds and spreads, benchmark yield curves, volatility measures, and quotes.

United States and International Corporate and Foreign Government Fixed Maturities – The fair value of investments in United States and international corporate bonds, including commingled funds that invest primarily in such bonds, and foreign government bonds, is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include benchmark yields, reported trades, observable broker/dealer quotes, issuer spreads, and security-specific characteristics (e.g., early redemption options).

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Alternative Investments – Alternative investments consist of hedge funds, private equity funds, real estate partnerships, and commodities. The fair value of these investment classified in NAV column as it is determined using the calculated NAV. The values for underlying investments are fair value estimates determined by an external fund manager based on quoted market prices, operating results, balance sheet stability, growth, and other business and market sector fundamentals.

Foreign Currency – The fair value is determined at the base currency (U.S.) at the closing price reported on the active market.

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

The following table summarize the Master Pension Trust's investments (dollars in thousands) in entities that calculate net asset value per share (or its equivalent) as of December 31:

	2022			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Absolute Return Hedge Funds ^(a)	\$ 328,543	\$ -	Monthly, Quarterly, Annually	30-180 days
Directional Hedge Funds ^(b)	21,511	-	Quarterly	60-90 days
Credit Funds ^(c)	439,281	282,286	Various	Various
Energy Funds ^(d)	191,207	32,205	Various	Various
Real Estate Funds ^(e)	151,119	53,910	Quarterly	45-90 days
Private Equity Funds ^(f)	800,399	280,279	Various	Various
Other ^(g)	71,951	-	Daily, Monthly	1-30 days
Total	<u>\$ 2,004,011</u>	<u>\$ 648,680</u>		

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

	2021			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Absolute Return Hedge Funds ^(a)	\$ 392,049	\$ -	Monthly, Quarterly, Annually	30-180 days
Directional Hedge Funds ^(b)	24,298	-	Quarterly	60-90 days
Credit Funds ^(c)	440,609	311,298	Various	Various
Energy Funds ^(d)	209,057	37,716	Various	Various
Real Estate Funds ^(e)	148,436	62,002	Quarterly	45-90 days
Private Equity Funds ^(f)	877,642	298,866	Various	Various
Other ^(g)	157,713	-	Daily, Monthly	1-30 days
	<u>\$ 2,249,804</u>	<u>\$ 709,882</u>		

- a. This class invests in hedge funds that pursue multiple strategies to diversify risks and reduce volatility. The fair value of the investments in this class has been estimated using the NAV per share of the investments.
- b. This class includes hedge fund investments that utilize market movement, trends, and inconsistencies when selecting securities across a variety of markets. Directional hedge funds are usually less exposed to the overall market and are likely to include long equity positions hedged with short positions, to cancel out short-term uncertainty. The fair values of the investments in this class have been estimated using the NAV per share of the investments.
- c. This class includes investments that are secured by high quality assets or backed by a senior claim on stable cash flows. Investments in this asset class will be made opportunistically during periods of broad market or security specific distress. The fair values of the investments in this class have been estimated using the NAV of the Master Pension Trust's ownership interest in partners' capital. Investments with these funds cannot be redeemed. After the expiration of the investment period, distributions from each fund will be received as the underlying investments of the funds are liquidated. The individual investments that will be sold have not yet been determined.

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

- d. This class includes energy and energy-related investments. The majority of the exposure in this class relates to oil and gas properties which includes exploration, production, processing, servicing, or transportation of oil, natural gas and other hydrocarbon fuels. The fair values of the investments in this class have been estimated using the NAV of the Master Pension Trust's ownership interest in partners' capital. Investments with these funds cannot be redeemed. After the expiration of the investment period, distributions from each fund will be received as the underlying investments of the funds are liquidated. The individual investments that will be sold have not yet been determined.
- e. This class includes several private real estate funds that invest in both U.S. and international commercial real estate. Strategies include core, value-add, and opportunistic real estate which typically seek to earn a return over inflation. The fair values of the investments in this class have been estimated using the NAV of the Master Pension Trust's ownership interest in partners' capital. Investments with these funds cannot be redeemed. After the expiration of the investment period, distributions from each fund will be received as the underlying investments of the funds are liquidated. The individual investments that will be sold have not yet been determined.
- f. This class includes several private equity funds that invest globally using strategies that include leveraged buyouts, venture capital, growth capital, distressed investments, and mezzanine capital. The fair values of the investments in this class have been estimated using the NAV of the Master Pension Trust's ownership interest in partners' capital. Investments with these funds cannot be redeemed. After the expiration of the investment period, distributions from each fund will be received as the underlying investments of the funds are liquidated. The individual investments that will be sold have not yet been determined.
- g. This class includes unregistered mutual funds that primarily invest in domestic and international short-term government, investment grade, high yield, and mortgage-related fixed income securities. The fair values of the investments in this class have been estimated using the NAV per share of the investments.

WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021

NOTE 6 PLAN TERMINATION

Although it has not expressed any intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

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:

1. Annuity benefits 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) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations (discussed subsequently).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and 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 on the amount of an individual's monthly benefit that the PBGC guarantees.

That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination, whichever comes later. For younger annuitants, or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

**WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 7 FUNDING POLICY

The Employer's funding policy is to remit to the trustee amounts sufficient to provide the Plan with assets with which to pay pension benefits to Plan participants. Participants may not make contributions to the Plan. The Plan has met ERISA minimum funding requirements.

NOTE 8 PLAN TAX STATUS

The Plan is operating under an individually designed plan document. The Plan is qualified under Section 401 of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under current income tax law. 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 the related trust is tax-exempt.

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

NOTE 9 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The following is a summary of actuarial present value of accumulated plan benefits as of December 31:

	<u>2022</u>	<u>2021</u>
Vested Benefits:		
Retired Participants and Beneficiaries	\$ 38,555,380	\$ 37,841,992
Other Participants	<u>26,220,432</u>	<u>27,363,593</u>
Total Vested Benefits	<u>64,775,812</u>	<u>65,205,585</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 64,775,812</u>	<u>\$ 65,205,585</u>

**WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 9 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The changes in the actuarial present value of accumulated plan benefits are summarized as follows for the years ended December 31:

	2022	2021
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Year	\$ 65,205,585	\$ 65,427,338
Increase (Decrease) During the Year Attributable to:		
Decrease in the Discount Period	5,023,171	5,041,052
Benefits Paid	(4,926,684)	(4,923,090)
Actuarial Gains	(526,260)	(339,715)
Net Decrease	(429,773)	(221,753)
Actuarial Present Value of Accumulated Plan Benefits at End of Year	\$ 64,775,812	\$ 65,205,585

All obligations of the Plan have transferred to Ascension Healthcare Legacy ERISA Pension Plan effective January 1, 2023, the date the Plan administrator elected to merge the Plan assets as disclosed in Note 1.

There were no changes in assumptions during 2022.

NOTE 10 PARTY-IN-INTEREST TRANSACTIONS

Fees (in thousands) for operation of the Plan are paid from the Master Pension Trust. Ascension Healthcare, a related party, is one of the service providers and received reimbursement of \$5,039 and \$5,279 in 2022 and 2021, respectively, from the Master Pension Trust for operational expenses in administering the Master Pension Trust and the individual plans participating in the Master Pension Trust.

The Plan also pays administrative expenses to the trustee of the Master Pension Trust, which qualifies as a related party.

**WEST SUBURBAN HEALTH CARE PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2022 AND 2021**

NOTE 11 RISKS AND UNCERTAINTIES

The Plan provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of the investments 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.

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

NOTE 12 RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

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

	<u>2022</u>	<u>2021</u>
Net Assets Available for Benefits per the Financial Statements	\$ 74,384,661	\$ 96,415,057
Merger of Plan Assets into Ascension Healthcare Legacy ERISA Pension Plan	<u>(74,384,661)</u>	<u>-</u>
Net Assets Available for Benefits per Form 5500	<u><u>\$ -</u></u>	<u><u>\$ 96,415,057</u></u>

The following is a reconciliation of the net increase (decrease) in net assets available for benefits per the financial statements to Form 5500 for the years ended December 31:

	<u>2022</u>	<u>2021</u>
Net Increase (Decrease) in Net Assets Available for Benefits per the Financial Statements	\$ (22,030,396)	\$ 6,261,089
Merger of Plan Assets into Ascension Healthcare Legacy ERISA Pension Plan	<u>(74,384,661)</u>	<u>-</u>
Net Increase (Decrease) in Net Assets Available for Benefits per Form 5500	<u><u>\$ (96,415,057)</u></u>	<u><u>\$ 6,261,089</u></u>

As indicated in Note 1, the Plan administrator has elected to merge the Plan assets into the Ascension Healthcare Legacy ERISA Pension Plan effective January 1, 2023. The has prepared a final Form 5500 and reported the merger of the Plan assets into the Ascension Healthcare Legacy ERISA Pension Plan as of December 31, 2022 (to effectuate the merger on January 1, 2023).



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	1	0	0	0	0	0	0	0	0	0	1
50-54	0	1	2	0	0	0	0	0	0	0	0	3
55-59	0	1	2	1	0	0	0	0	0	0	0	4
60-64	0	0	3	1	1	0	0	0	0	0	0	5
65-69	0	0	0	1	0	0	0	0	0	0	0	1
70 & over	0	0	0	1	0	0	0	0	0	0	0	1
Total	0	3	7	4	1	0	0	0	0	0	0	15

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

Plan Name: West Suburban Health Care Pension Plan
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 Plan Sponsor: Ascension Healthcare
 Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis Segment rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	1.07%
■ Second segment rate	5.18%	2.68%
■ Third segment rate	5.92%	3.36%
■ Effective interest rate	5.36%	2.84%

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

Plan-related expenses \$910,000

Demographic Assumptions

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

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

Mortality:

- Healthy Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020.
- Disabled life mortality rates Same as healthy lives.

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Termination	Not applicable.
Disability	None assumed.
Retirement	Rates at which frozen active and deferred vested participants retire by age are shown below.

Percentage retiring during the year

Age	Rates
55-61	5.00%
62	15.00%
63-64	8.00%
65	100.00%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit See table above for rates of retirement by age.
- Disability benefit: None.
- Retirement benefit Upon termination of employment.

Form of payment:

- Current payees Based on form of payment elected at retirement.
- Current inactives with deferred benefits: Assumed to elect a single life annuity.
- Future commencements Not applicable. There are no active participants in the plan.

Percent married 80% males; 80% females. Used to value pre-retirement surviving spouse benefits.

Spouse age Wife four years younger than husband.

Cash flow:

- Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of commencement.

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Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	<p>All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Ascension and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participants' benefits are valued using the benefit choice assumptions described above.</p>

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SCHEDULE SB ATTACHMENTS

Data Sources

Ascension furnished participant data as of 1/1/2022. Information on assets, contributions and plan provisions was supplied by the Ascension. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any error or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses expected to be paid from the trust during the coming year (including for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Assumed return for asset smoothing	The assumed return used for asset smoothing is the third-segment rate reflecting interest rate stabilization. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor’s investment policy, we believe the rate to be above the third segment rate.

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on experience studies conducted in 2018 and 2019, with annual consideration of whether any conditions

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have changed that would be expected to produce different results in the future.

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SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

West Suburban’s assumed plan-related expenses added to the target normal cost were changed from \$930,000 for the 2021 plan year to \$910,000 for the 2022 plan year.

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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 01/01/2022 and ending 12/31/2022

▶ **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 WEST SUBURBAN HEALTH CARE PENSION PLAN	B Three-digit plan number (PN) ▶	019
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ascension Healthcare	D Employer Identification Number (EIN) 31-1662309	
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>01</u>	Day <u>01</u>	Year <u>2022</u>
2 Assets:			
a Market value	2a	96,422,693	
b Actuarial value	2b	90,354,305	
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	957	48,667,410	48,667,410
b For terminated vested participants	780	32,425,883	32,425,883
c For active participants	15	885,963	885,963
d Total	1,752	81,979,256	81,979,256
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	5.36%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	910,000	
c Total (line 6a + line 6b)	6c	910,000	

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

SIGN HERE	 Signature of actuary	<u>10/13/23</u> Date 2307108 Most recent enrollment number 314-719-5900 Telephone number (including area code)
Carl D Cruzan Type or print name of actuary		
Willis Towers Watson US LLC Firm name		
7733 Forsyth Boulevard Suite 1350 St. Louis MO 63105 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>13.93</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)		0
	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>5.54</u> %		0
	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		0
	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	110.21 %
15	Adjusted funding target attainment percentage	15	110.21 %
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	103.37 %
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 910,000
b Excess assets, if applicable, but not greater than line 31a				31b 910,000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 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. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ascension Healthcare
EIN/PN	31-1662309/019
Plan Name	West Suburban Health Care Pension Plan
Valuation Date	January 1, 2022
Enrolled Actuary	Carl Cruzan
Enrollment Number	23-07108

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2022

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.05	857	0.857375	0.042869	2.486388
59	0.05	815	0.814506	0.040725	2.402793
60	0.05	774	0.773781	0.038689	2.321343
61	0.05	735	0.735092	0.036755	2.242030
62	0.15	698	0.698337	0.104751	6.494537
63	0.08	594	0.593587	0.047487	2.991677
64	0.08	546	0.546100	0.043688	2.796031
65	1.00	502	0.502412	0.502412	32.656766
Average age at retirement					62.373690
Rounded for Schedule SB item 22					62

Plan Name: West Suburban Health Care Pension Plan
 EIN / PN: 31-1662309/019
 Plan Sponsor: Ascension Healthcare
 Valuation Date: January 1, 2022

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis Segment rates

Interest rates:

	Reflecting Stabilization	Not Reflecting Stabilization
■ First segment rate	4.75%	1.07%
■ Second segment rate	5.18%	2.68%
■ Third segment rate	5.92%	3.36%
■ Effective interest rate	5.36%	2.84%

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

Plan-related expenses \$910,000

Demographic Assumptions

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

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

Mortality:

- Healthy Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2020).
- Disabled life mortality rates Same as healthy lives.

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Termination	Not applicable.
Disability	None assumed.
Retirement	Rates at which frozen active and deferred vested participants retire by age are shown below.

Percentage retiring during the year

Age	Rates
55-61	5.00%
62	15.00%
63-64	8.00%
65	100.00%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit See table above for rates of retirement by age.
- Disability benefit: None.
- Retirement benefit Upon termination of employment.

Form of payment:

- Current payees Based on form of payment elected at retirement.
- Current inactives with deferred benefits: Assumed to elect a single life annuity.
- Future commencements Not applicable. There are no active participants in the plan.

Percent married 80% males; 80% females. Used to value pre-retirement surviving spouse benefits.

Spouse age Wife four years younger than husband.

Cash flow:

- Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of commencement.

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Valuation Date: January 1, 2022

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Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits not valued	<p>All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Ascension and, based on that review, is not aware of any significant benefits required to be valued that were not.</p> <p>The plan pays small benefits (with a present value up to \$5,000) in a single lump sum payment. Such lump sums are not explicitly valued as such; rather such participants' benefits are valued using the benefit choice assumptions described above.</p>

Plan Name: West Suburban Health Care Pension Plan
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Valuation Date: January 1, 2022

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Data Sources

Ascension furnished participant data as of 1/1/2022. Information on assets, contributions and plan provisions was supplied by the Ascension. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any error or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions for Contributions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses expected to be paid from the trust during the coming year (including for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).
Assumed return for asset smoothing	The assumed return used for asset smoothing is the third-segment rate reflecting interest rate stabilization. Although we have not explicitly determined an expected return on assets, based on an analysis of the plan sponsor’s investment policy, we believe the rate to be above the third segment rate.

Assumptions Rationale – Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2018, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on experience studies conducted in 2018 and 2019, with annual consideration of whether any conditions

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have changed that would be expected to produce different results in the future.

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Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

West Suburban’s assumed plan-related expenses added to the target normal cost were changed from \$930,000 for the 2021 plan year to \$910,000 for the 2022 plan year.

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Schedule SB, Line 24 Change in Actuarial Assumptions

West Suburban's assumed plan-related expenses added to the target normal cost were changed from \$930,000 for the 2021 plan year to \$910,000 for the 2022 plan year.

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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date of most recent amendment	December 17, 2020
Status of plan	The plan was frozen to new participants effective January 1, 2002. In addition, no additional benefit accruals are credited after December 31, 2001.
Participation date	January 1 or July 1, prior to 2002, on or after age 21 and completion of one year of service.

Definitions

Covered employees	Regular employees of West Suburban Health Care.
Crediting service	A participant is given one year of service for each calendar year in which they work at least 1,000 hours.
Pensionable pay	Regularly received calendar year salary.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.

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Pension benefit amount	Greater of: Total accrued retirement income as of December 31, 1979. OR 1.0% of the five-year final average pay plus 0.5% of the final average pay in excess of \$7,800 times service before January 1, 1980 (excludes first year of service, service before age 25, and service after Normal Retirement Date). PLUS 1.5% of earnings plus 1.0% of earnings over \$15,000 for each year between January 1, 1980 and December 31, 1988. PLUS 2.0% of earnings for each year after January 1, 1989. Effective January 1, 2002, the Plan was frozen. No additional accruals are credited after December 31, 2001.
Early retirement benefit	Normal retirement benefit reduced 1/180 for each of the first 60 months and 1/360 for each month in excess of 60 months by which early retirement precedes normal retirement.
Late retirement benefit	Same as normal retirement benefit recognizing earnings after age 65.
Vested termination benefit	Accrued benefit as of date of termination, payment beginning unreduced at age 65, or reduced as for early retirement at the early commencement date (if eligible).
Monthly preretirement death benefit	The benefit shall be paid to the surviving spouse for an amount equal to the benefit assuming the participant terminated on the date of death and retired on the later of age 55 or the date of death with a 50% Joint and Survivor annuity, then died the next day.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after age 65.

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Vested termination Termination for reasons other than death or retirement after completing five years of service.

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement Monthly pension benefit determined as of NRD.

Early retirement Monthly pension benefit determined as of actual retirement date.

Postponed retirement Monthly pension benefit determined as of actual retirement date.

Vested termination Monthly pension benefit determined as of termination date.

Disablement If a participant terminates employment due to disability, he/she will be eligible to receive his/her pension benefit amount.

Preretirement death Monthly preretirement death benefit payable on behalf of an active or terminated vested employee is reduced in the same manner as the early retirement benefit.

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Other Plan Provisions

Normal form	Life annuity for single participants. 50% Joint and Survivor annuity for married participants. Optional forms are a 75% Joint and Survivor annuity, 100% Joint and Survivor annuity and a Social Security Adjustment annuity.
Optional forms of payment	A participant may elect another form of payment offered by the plan if eligible including a single life annuity, 50%, 75%, or 100% joint and survivor annuities, or a Social Security adjustment option.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan provisions were recognized in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year other than increases in statutory pay and benefit limits.

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Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	1	0	0	0	0	0	0	0	0	0	1
50-54	0	1	2	0	0	0	0	0	0	0	0	3
55-59	0	1	2	1	0	0	0	0	0	0	0	4
60-64	0	0	3	1	1	0	0	0	0	0	0	5
65-69	0	0	0	1	0	0	0	0	0	0	0	1
70 & over	0	0	0	1	0	0	0	0	0	0	0	1
Total	0	3	7	4	1	0	0	0	0	0	0	15

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

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Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	16,524	650,855	4,871,425	5,538,804
2023	20,369	1,039,067	4,738,901	5,798,337
2024	28,531	1,356,714	4,599,258	5,984,503
2025	40,993	1,602,410	4,455,174	6,098,577
2026	52,574	1,825,784	4,309,711	6,188,069
2027	58,775	2,037,704	4,159,918	6,256,397
2028	61,738	2,221,710	4,002,940	6,286,388
2029	64,647	2,368,129	3,841,977	6,274,753
2030	70,422	2,486,330	3,677,201	6,233,953
2031	75,330	2,574,686	3,508,792	6,158,808
2032	75,130	2,649,477	3,336,929	6,061,536
2033	75,837	2,710,337	3,161,799	5,947,973
2034	78,465	2,748,707	2,983,639	5,810,811
2035	79,436	2,759,756	2,802,768	5,641,960
2036	77,982	2,762,775	2,619,609	5,460,366
2037	76,402	2,745,941	2,434,731	5,257,074
2038	74,630	2,704,111	2,248,889	5,027,630
2039	73,169	2,649,227	2,063,062	4,785,458
2040	71,502	2,583,580	1,878,464	4,533,546
2041	69,159	2,508,576	1,696,543	4,274,278
2042	66,651	2,421,538	1,518,906	4,007,095
2043	63,978	2,327,575	1,347,220	3,738,773
2044	61,146	2,227,185	1,183,132	3,471,463
2045	58,163	2,119,452	1,028,207	3,205,822
2046	55,036	2,005,532	883,842	2,944,410
2047	51,778	1,886,664	751,191	2,689,633
2048	48,403	1,763,704	631,101	2,443,208
2049	44,929	1,637,677	524,040	2,206,646
2050	41,382	1,509,793	430,085	1,981,260
2051	37,794	1,381,407	348,935	1,768,136
2052	34,201	1,253,957	279,954	1,568,112

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2053	30,646	1,128,902	222,244	1,381,792
2054	27,173	1,007,645	174,732	1,209,550
2055	23,827	891,465	136,238	1,051,530
2056	20,654	781,489	105,542	907,685
2057	17,692	678,646	81,441	777,779
2058	14,975	583,629	62,799	661,403
2059	12,522	496,912	48,584	558,018
2060	10,343	418,735	37,888	466,966
2061	8,438	349,122	29,932	387,492
2062	6,798	287,906	24,073	318,777
2063	5,411	234,745	19,791	259,947
2064	4,255	189,169	16,676	210,100
2065	3,307	150,599	14,411	168,317
2066	2,540	118,392	12,755	133,687
2067	1,927	91,864	11,528	105,319
2068	1,444	70,316	10,597	82,357
2069	1,068	53,067	9,866	64,001
2070	780	39,464	9,262	49,506
2071	561	28,904	8,738	38,203

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Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2022

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.05	1,000	1.000000	0.050000	2.750000
56	0.05	950	0.950000	0.047500	2.660000
57	0.05	903	0.902500	0.045125	2.572125
58	0.05	857	0.857375	0.042869	2.486388
59	0.05	815	0.814506	0.040725	2.402793
60	0.05	774	0.773781	0.038689	2.321343
61	0.05	735	0.735092	0.036755	2.242030
62	0.15	698	0.698337	0.104751	6.494537
63	0.08	594	0.593587	0.047487	2.991677
64	0.08	546	0.546100	0.043688	2.796031
65	1.00	502	0.502412	0.502412	32.656766
Average age at retirement					62.373690
Rounded for Schedule SB item 22					62

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Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	16,524	650,855	4,871,425	5,538,804
2023	20,369	1,039,067	4,738,901	5,798,337
2024	28,531	1,356,714	4,599,258	5,984,503
2025	40,993	1,602,410	4,455,174	6,098,577
2026	52,574	1,825,784	4,309,711	6,188,069
2027	58,775	2,037,704	4,159,918	6,256,397
2028	61,738	2,221,710	4,002,940	6,286,388
2029	64,647	2,368,129	3,841,977	6,274,753
2030	70,422	2,486,330	3,677,201	6,233,953
2031	75,330	2,574,686	3,508,792	6,158,808
2032	75,130	2,649,477	3,336,929	6,061,536
2033	75,837	2,710,337	3,161,799	5,947,973
2034	78,465	2,748,707	2,983,639	5,810,811
2035	79,436	2,759,756	2,802,768	5,641,960
2036	77,982	2,762,775	2,619,609	5,460,366
2037	76,402	2,745,941	2,434,731	5,257,074
2038	74,630	2,704,111	2,248,889	5,027,630
2039	73,169	2,649,227	2,063,062	4,785,458
2040	71,502	2,583,580	1,878,464	4,533,546
2041	69,159	2,508,576	1,696,543	4,274,278
2042	66,651	2,421,538	1,518,906	4,007,095
2043	63,978	2,327,575	1,347,220	3,738,773
2044	61,146	2,227,185	1,183,132	3,471,463
2045	58,163	2,119,452	1,028,207	3,205,822
2046	55,036	2,005,532	883,842	2,944,410
2047	51,778	1,886,664	751,191	2,689,633
2048	48,403	1,763,704	631,101	2,443,208
2049	44,929	1,637,677	524,040	2,206,646
2050	41,382	1,509,793	430,085	1,981,260
2051	37,794	1,381,407	348,935	1,768,136
2052	34,201	1,253,957	279,954	1,568,112

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2053	30,646	1,128,902	222,244	1,381,792
2054	27,173	1,007,645	174,732	1,209,550
2055	23,827	891,465	136,238	1,051,530
2056	20,654	781,489	105,542	907,685
2057	17,692	678,646	81,441	777,779
2058	14,975	583,629	62,799	661,403
2059	12,522	496,912	48,584	558,018
2060	10,343	418,735	37,888	466,966
2061	8,438	349,122	29,932	387,492
2062	6,798	287,906	24,073	318,777
2063	5,411	234,745	19,791	259,947
2064	4,255	189,169	16,676	210,100
2065	3,307	150,599	14,411	168,317
2066	2,540	118,392	12,755	133,687
2067	1,927	91,864	11,528	105,319
2068	1,444	70,316	10,597	82,357
2069	1,068	53,067	9,866	64,001
2070	780	39,464	9,262	49,506
2071	561	28,904	8,738	38,203

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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ascension Healthcare
EIN/PN	31-1662309/019
Plan Name	West Suburban Health Care Pension Plan
Valuation Date	January 1, 2022
Enrolled Actuary	Carl Cruzan
Enrollment Number	23-07108

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

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

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Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Effective date of most recent amendment	December 17, 2020
Status of plan	The plan was frozen to new participants effective January 1, 2002. In addition, no additional benefit accruals are credited after December 31, 2001.
Participation date	January 1 or July 1, prior to 2002, on or after age 21 and completion of one year of service.

Definitions

Covered employees	Regular employees of West Suburban Health Care.
Crediting service	A participant is given one year of service for each calendar year in which they work at least 1,000 hours.
Pensionable pay	Regularly received calendar year salary.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65.

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Pension benefit amount	Greater of: Total accrued retirement income as of December 31, 1979. OR 1.0% of the five-year final average pay plus 0.5% of the final average pay in excess of \$7,800 times service before January 1, 1980 (excludes first year of service, service before age 25, and service after Normal Retirement Date). PLUS 1.5% of earnings plus 1.0% of earnings over \$15,000 for each year between January 1, 1980 and December 31, 1988. PLUS 2.0% of earnings for each year after January 1, 1989. Effective January 1, 2002, the Plan was frozen. No additional accruals are credited after December 31, 2001.
Early retirement benefit	Normal retirement benefit reduced 1/180 for each of the first 60 months and 1/360 for each month in excess of 60 months by which early retirement precedes normal retirement.
Late retirement benefit	Same as normal retirement benefit recognizing earnings after age 65.
Vested termination benefit	Accrued benefit as of date of termination, payment beginning unreduced at age 65, or reduced as for early retirement at the early commencement date (if eligible).
Monthly preretirement death benefit	The benefit shall be paid to the surviving spouse for an amount equal to the benefit assuming the participant terminated on the date of death and retired on the later of age 55 or the date of death with a 50% Joint and Survivor annuity, then died the next day.

Eligibility for Benefits

Normal retirement	Retirement on NRD.
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after age 65.

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Vested termination Termination for reasons other than death or retirement after completing five years of service.

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement Monthly pension benefit determined as of NRD.

Early retirement Monthly pension benefit determined as of actual retirement date.

Postponed retirement Monthly pension benefit determined as of actual retirement date.

Vested termination Monthly pension benefit determined as of termination date.

Disablement If a participant terminates employment due to disability, he/she will be eligible to receive his/her pension benefit amount.

Preretirement death Monthly preretirement death benefit payable on behalf of an active or terminated vested employee is reduced in the same manner as the early retirement benefit.

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Other Plan Provisions

Normal form	Life annuity for single participants. 50% Joint and Survivor annuity for married participants. Optional forms are a 75% Joint and Survivor annuity, 100% Joint and Survivor annuity and a Social Security Adjustment annuity.
Optional forms of payment	A participant may elect another form of payment offered by the plan if eligible including a single life annuity, 50%, 75%, or 100% joint and survivor annuities, or a Social Security adjustment option.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are not assumed for determining contributions.

Future Plan Changes

No future plan provisions were recognized in determining minimum and maximum contributions. Willis Towers Watson is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year other than increases in statutory pay and benefit limits.

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Schedule SB, Line 24 Change in Actuarial Assumptions

West Suburban's assumed plan-related expenses added to the target normal cost were changed from \$930,000 for the 2021 plan year to \$910,000 for the 2022 plan year.

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