

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div>
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: <div><div>☐ a multiemployer plan</div><div>☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div>☒ a single-employer plan</div><div>☐ a DFE (specify) _____</div><div>☐ the first return/report</div><div>☐ the final return/report</div><div>☐ an amended return/report</div><div>☐ a short plan year return/report (less than 12 months)</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div><div>☒ Form 5558</div><div>☐ automatic extension</div><div>☐ the DFVC program</div><div>☐ special extension (enter description)</div></div>
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1962
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) CHI ST. LUKE'S HEALTH PO BOX 20269, MC 4-159 HOUSTON, TX 77225-0269
2b	Employer Identification Number (EIN) 76-0536232
2c	Plan Sponsor's telephone number 832-355-4717
2d	Business code (see instructions) 622000

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.	10/15/2024	LIZ MECKENSTOCK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor COMMONSPIRIT HEALTH 185 BERRY ST, SUITE 200 SAN FRANCISCO, CA 94107	3b Administrator's EIN 47-0617373 3c Administrator's telephone number 415-438-5758 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 9643
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black;"> 6a(1) 2221 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6a(2) 0 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6b 0 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6c 0 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6d 0 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6e 0 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6f 0 </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6g(1) </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6g(2) </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> 6h 0 </div>
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHI ST. LUKE'S HEALTH	D Employer Identification Number (EIN) 76-0536232	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	3327723	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY

04-2882358

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	1342024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INST. TRUST COMPANY

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	593130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STATE STREET

04-1867445

(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 50 51	NONE	90000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLSINELLI

43-1064260

(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?
29 50	NONE	69198	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K&L GATES

25-0921018

(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?
29 50	NONE	40363	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	5385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
---	--

C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHI ST. LUKE'S HEALTH</u>	D Employer Identification Number (EIN) <u>76-0536232</u>
--	--

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

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE DURATION CORP CR SCREE

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

c EIN-PN <u>82-2229248-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION CORP CR SCREEN NL

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

c EIN-PN <u>27-4520291-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

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

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: CF BLACKROCK INTERMEDIATE GOVERNME

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

c EIN-PN <u>94-3118548-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: TREAS US 15 YR KEY RATE DURATION NL

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

c EIN-PN <u>45-3856099-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) 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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan COMMONSPIRIT HEALTH ERISA RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHI ST. LUKE'S HEALTH	D Employer Identification Number (EIN) 76-0536232	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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	2026164	490930
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	20397496	2004725
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5040111	65450252
(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)	504016439	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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	531480210	67945907
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	7948983	2135204
i Acquisition indebtedness	1i		
j Other liabilities	1j	11195000	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19143983	2135204
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	512336227	65810703

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)	1048411	
(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)		1048411
(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)	2221717	
(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)		5270195
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8540323

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	195843109	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)	253745679	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		449588788
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	1342024	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	5385	
(5) Investment advisory and investment management fees	2i(5)	683130	
(6) Bank or trust company trustee/custodial fees	2i(6)	2508	
(7) Actuarial fees	2i(7)	3327723	
(8) Legal fees	2i(8)	109561	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6728	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5477059
j Total expenses. Add all expense amounts in column (b) and enter total	2j		455065847

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-446525524
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 0.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 532002.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div>
---	--	---

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

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

<div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>	<div>1</div>	<div>0</div>
<div>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): 13-5160382</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div>		
<div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year</div>	<div>3</div>	<div>3847</div>

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.)
---------	--

<div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?</div> <div>If the plan is a defined benefit plan, go to line 8.</div>	<div>☐ Yes ☒ No ☐ N/A</div>
<div>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.</div>	
<div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)</div>	<div>6a</div>
<div>b Enter the amount contributed by the employer to the plan for this plan year</div>	<div>6b</div>
<div>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)</div>	<div>6c</div>
<div>If you completed line 6c, skip lines 8 and 9.</div>	
<div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline?</div>	<div>☐ Yes ☐ No ☐ N/A</div>
<div>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?</div>	<div>☐ Yes ☐ No ☒ N/A</div>

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

<div>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.</div>	<div>☐ Increase ☐ Decrease ☐ Both ☒ No</div>
---	---

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.
---------	--

<div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?</div>	<div>☐ Yes ☐ No</div>
<div>11 a Does the ESOP hold any preferred stock?</div>	<div>☐ Yes ☐ No</div>
<div>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.)</div>	<div>☐ Yes ☐ No</div>
<div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market?</div>	<div>☐ Yes ☐ No</div>

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

Schedule R (Form 5500) 2023
v. 230707

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 100.0 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

CommonSpirit Health ERISA Retirement Plan
Years Ended December 31, 2023 (in Liquidation) and
2022 (in Liquidation)
With Report of Independent Auditors

Ernst & Young LLP



CommonSpirit Health ERISA Retirement Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2023 (in Liquidation) and 2022 (in Liquidation)

Contents

Report of Independent Auditors	1
Financial Statements	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	24
Schedule H, Line 4j – Schedule of Reportable Transactions	25

Report of Independent Auditors

The Plan Administrator
CommonSpirit Health ERISA Retirement Plan

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

We have performed an audit of the financial statements of the CommonSpirit Health ERISA Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 (in liquidation) and 2022 (in liquidation), and the related statements of changes in net assets available for benefits in liquidation for the years ended December 31, 2023 and 2022, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the 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 December 31, 2023 and 2022, and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

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

Basis for Opinion

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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our 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.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2023, and reportable transactions for the year then ended (referred to as the "supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to

prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Ernst & Young LLP

October 15, 2024

CommonSpirit Health ERISA Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2023	2022
	<i>(In Liquidation)</i>	<i>(In Liquidation)</i>
Assets		
Non-interest-bearing cash	\$ 490,930	\$ 2,026,164
Receivables:		
Pending sales	—	15,078,000
Accrued income	294,619	17,326
Accrued interest expected to be earned in liquidation	1,710,106	5,302,170
Total receivables	2,004,725	20,397,496
Investments, at fair value:		
Common collective trust	—	504,016,439
Interest-bearing cash	65,450,252	5,040,111
Total investments	65,450,252	509,056,550
Total assets	67,945,907	531,480,210
Liabilities		
Pending purchases	—	(1,195,000)
Other payables	—	(10,000,000)
Accrued expenses expected to be incurred in liquidation	(2,135,204)	(7,948,983)
Total liabilities	(2,135,204)	(19,143,983)
Net assets available for benefits	\$ 65,810,703	\$ 512,336,227

See accompanying notes.

CommonSpirit Health ERISA Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2023	2022
	<i>(In Liquidation)</i>	<i>(In Liquidation)</i>
Additions to (deductions from) net assets attributed to:		
Investment income (loss):		
Interest and dividends	\$ 9,128,803	\$ 353,868
Net depreciation in fair value of investments	(2,810,196)	(99,165,138)
Total investment income (loss)	6,318,607	(98,811,270)
Benefits paid to participants	(195,843,109)	(39,959,509)
Principal Life Insurance Company annuities	(253,745,679)	—
Administrative expenses	(5,477,058)	(3,688,700)
Net decrease	(448,747,239)	(142,459,479)
Adjustment to liquidation basis	2,221,715	(2,646,813)
Net assets available for benefits at:		
Beginning of year	512,336,227	657,442,519
End of year	<u>\$ 65,810,703</u>	<u>\$ 512,336,227</u>

See accompanying notes.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements

December 31, 2023

1. Description of the Plan

The following description of the CommonSpirit Health ERISA Retirement Plan provides only general information. Additional information about vesting and benefit provisions and the benefit guarantee of the Pension Benefit Guaranty Corporation (PBGC) is contained in the plan document and summary plan description, which are available from the plan administrator.

General

Effective December 20, 2021, the Retirement Plan for Employees of Memorial Health System of East Texas (Memorial Plan), the Jewish Hospital & St. Mary's Healthcare Pension Plan (Jewish Plan), the Retirement Plan for Employees of Trinity East (Trinity Plan), and the Retirement Plan for Employees of Harrison Memorial Hospital (Harrison Plan) merged into the St. Luke's Plan, which was subsequently renamed CommonSpirit Health ERISA Retirement Plan (ERISA Plan). Net assets amounting to \$423,413,715 were transferred into ERISA Plan in connection with these four mergers. ERISA Plan was amended and restated to incorporate the provisions of these four merging plans effective December 20, 2021. ERISA Plan is a defined benefit pension plan covering eligible employees of CHI St. Luke's Health System Corporation and its affiliated companies and eligible employees of Memorial Health System of East Texas; Jewish Hospital & St. Mary's HealthCare, Inc.; Trinity Health System; and Harrison Medical Center. CHI St. Luke's Health System Corporation is ERISA Plan's sponsor (the Plan Sponsor). CommonSpirit Health is ERISA Plan's administrator. ERISA Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Administration of ERISA Plan

At its November 2019 meeting, the CommonSpirit Health Human Resources and Compensation Committee of the Board of Stewardship Trustees approved the Charter for the CommonSpirit Health Retirement Plan Sub-Committee (the Sub-Committee) delegating plan administrative oversight to the Sub-Committee. The Sub-Committee has overall responsibility for the operation and administration of ERISA Plan. The Sub-Committee had overall responsibility for the four merged plans until December 20, 2021. After the merger of Catholic Health Initiatives (CHI) with Dignity Health in February 2019, the CommonSpirit Health Investment Committee was created, which directly reports to the Board of Stewardship Trustees. The CommonSpirit Health Investment Committee determines the appropriateness of ERISA Plan's investment offerings and monitors investment performance.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

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

Effective May 1, 2020, the trustee of St. Luke's Plan was changed from BNY Mellon to The Northern Trust Company, and on October 19, 2020, the CHI Master Trust was renamed the CommonSpirit Health Retirement Master Trust (CSH Master Trust).

On November 2, 2020, St. Luke's Plan withdrew its participation in the CSH Master Trust and established its own stand-alone trust solely comprising the assets of St. Luke's Plan. St. Luke's Plan's share in the CSH Master Trust was liquidated in November 2020 and cash proceeds used to acquire common collective trusts. Memorial Plan, Jewish Plan, Trinity Plan and Harrison Plan participated in the CSH Master Trust until November 2020, when their shares in the CSH Master Trust were liquidated and cash proceeds were used to acquire common collective trusts.

Funding Policy

There are no contributions made to ERISA Plan by participants. The Plan Sponsor's policy is to fund ERISA Plan in amounts sufficient to satisfy the funding requirements of ERISA. The contribution necessary to fund ERISA Plan was determined by Willis Towers Watson, ERISA Plan's actuary. There was no contribution required for the 2023 or 2022 plan years. ERISA Plan has met the minimum funding requirements established by the federal government.

Plan Termination

On September 14, 2021, the Human Resources and Compensation Committee of CommonSpirit Health voted to merge Memorial Plan, Jewish Plan, Trinity Plan, and Harrison Plan into St. Luke's Plan and then subsequently terminate the resulting merged plan effective at a date determined by the Chief Human Resources Officer or the Senior Vice President, Benefits. On November 17, 2021, the Executive Committee of the Board of Directors of CHI St. Luke's Health System Corporation passed the resolution to authorize the termination of the merged plan. On July 15,

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

2022, the resolution was passed to terminate the merged plan, subsequently renamed as ERISA Plan, with the effective date as August 31, 2022. The Plan Sponsor submitted an application for determination for terminating ERISA Plan to the Internal Revenue Service (IRS) on July 15, 2022, and received a determination letter from the IRS dated July 6, 2023, confirming that the plan termination did not affect its federal tax qualification. A notice of Intent to Terminate was distributed to all plan participants in February 2023. ERISA Plan sent notice to the PBGC in February 2023 and received no comments within the 60-day window. As a result, the Plan Sponsor determined that plan termination was imminent by December 31, 2022. As of the date the financial statements were available to be issued, assets of ERISA Plan have not yet been liquidated.

ERISA Plan has estimated \$1.7 million in interest income during the remainder of the liquidation period, which has been included as accrued interest expected to be earned in liquidation on the accompanying statement of net assets available for benefits. ERISA Plan estimated and accrued costs for expenses that it expects to incur through the end of the liquidation, primarily for termination and other administrative expenses paid to custodial, actuarial, and other professional services associated with the liquidation. The estimated \$2.1 million of expenses expected to be incurred during the remainder of the liquidation period have been included in accrued expenses expected to be incurred in liquidation on the accompanying statement of net assets available for benefits.

ERISA Plan offered a lump-sum window for all participants from July 17, 2023 until August 31, 2023, and \$136.9 million was paid out to participants who elected this form of payment during this lump-sum window. Payments were made to participants on November 2, 2023. The other retirement benefits paid to participants during 2023 were \$58.9 million. ERISA Plan identified Principal Life Insurance Company as the third-party insurer for participants who did not elect a lump sum during the lump-sum window and transferred the annuity liability for a premium amount of \$253.7 million on November 1, 2023. Principal Life Insurance Company will commence making all benefit payments on January 1, 2024. During 2024, ERISA Plan is projecting benefit payments of \$1.4 million, a payment to the PBGC of \$19.2 million to assume responsibility for lost plan participants, and a refund from Principal Life Insurance Company of \$6.8 million based on adjustments to the final population for the annuity liability transfer completed on November 1, 2023. ERISA Plan will transfer the remaining assets totaling \$52.6 million to other company qualified retirement plans. This is expected to settle ERISA Plan obligations. ERISA Plan is projecting to have sufficient assets to settle all obligations and no additional contributions are needed for ERISA Plan. ERISA Plan's common collective trusts were sold at fair value prior to the annuity liability transfer and payments to participants who elected the lump sum in November 2023. ERISA Plan is expected to be fully liquidated in the fourth quarter of 2024.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Pension Benefits, Eligibility, and Vesting

ERISA Plan incorporated the relevant provisions of the four merged plans on December 20, 2021. Each plan had different characteristics.

St. Luke's Plan was a noncontributory, cash balance, defined benefit plan and provided for scheduled pension benefits to begin at the later of the normal retirement age of 65 or completion of five years of plan participation, but not later than the age of 70 1/2. A participant had the option to elect early retirement with reduced benefits at the age of 55, with ten years of credited service for vesting purposes. Participants were able to receive benefits due to death or disability.

A participant became vested in St. Luke's Plan after a period of three years of credited service. A participant's credited service was calculated from the date of the participant's commencement of employment through the earlier of either his or her normal retirement date or the date of his or her termination of employment. A participant whose employment was terminated prior to qualifying for either a death, disability, retirement, or severance benefit under the terms and provisions of St. Luke's Plan ceased to participate in St. Luke's Plan and was entitled to no benefits under St. Luke's Plan.

Effective December 31, 2017, St. Luke's Plan was amended to fully vest the accounts of all participants who were actively employed by the CHI St. Luke's Health System Corporation and its affiliated companies as of December 31, 2017, and to change the method under which hours of service were credited under St. Luke's Plan to use the elapsed time method.

Effective October 1, 2015, St. Luke's Plan was frozen to new participants. Effective December 31, 2015, St. Luke's Plan was frozen for future benefit accruals.

Memorial Plan was a noncontributory, defined benefit plan. On termination of service, a participant under the normal form of benefits received monthly income for life, a qualified joint and contingent benefit for married employees, or a lump-sum distribution if the lump-sum value of the benefit was less than \$5,000. Employees were eligible for early retirement if the participant had attained age 55 and completed 15 years of credited service. Upon the death of a participant, his or her beneficiary received a monthly retirement income, payable for life thereafter beginning on the first day of the month coincident with or next following the date of death. Upon total and permanent disability of a participant, he or she was entitled to a monthly income, payable for life.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Vesting service was equal to the total period of elapsed time, computed in years and days, from the first date of employment until the normal retirement date or the date of termination of employment, if earlier, less that portion of any absence that was in excess of 12 months. A participant's initial vesting date at 100% was the earlier of (a) the date the participant has completed five years of vesting service or (b) the date the participant attains age 65.

Effective December 31, 2003, Memorial Plan was amended such that all benefit accruals under Memorial Plan were frozen and it no longer allowed for entry.

Jewish Plan was a noncontributory, cash balance, defined benefit plan. Employees with five or more years of credited service were entitled to retirement benefits beginning at the normal retirement age of 65. Jewish Plan permitted early retirement at ages 55 through 64 or later. Eligible employees who terminated employment after December 31, 2007, were fully vested upon completion of three years of vesting service. Eligible employees who terminated employment on or before December 31, 2007, were fully vested upon completion of five years of vesting service.

In December 2009, Jewish Plan was amended to freeze various plan provisions, including average monthly compensation, pay credits, credited service, and eligibility and membership in Jewish Plan as of December 31, 2009.

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

Trinity Plan was a noncontributory, defined benefit plan. On termination of service, a participant under the normal form of benefits received monthly income for life, a qualified joint and contingent benefit for married employees, or a lump-sum distribution if the lump-sum value of the benefit was less than \$50,000. Employees were eligible for early retirement if the participant had attained age 55.

Upon the death of a participant, his or her beneficiary received a monthly retirement income, payable for life thereafter beginning on the first day of the month coincident with or next following the date of death. Upon total and permanent disability of a participant, he or she was entitled to a monthly income, payable for life.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Vesting service was equal to the total period of elapsed time, computed in years and days, from first date of employment until normal retirement date or date of termination of employment, if earlier, less that portion of any absence that is in excess of 12 months. A participant's initial vesting date at 100% was the earlier of (a) the date the participant had completed five years of vesting service or (b) the date the participant attained age 65. When Trinity Plan was frozen, all participants were granted 100% vesting regardless of the number of years of service.

Effective May 31, 2014, Trinity Plan was frozen for new entrants after that date and benefit accruals were frozen at that date, except for participants eligible for certain transition benefits as described in the plan document.

Harrison Plan was a defined benefit plan. Participants were eligible to begin receiving normal retirement benefits upon attaining the age of 65. Harrison Plan also permitted early retirement if the participant reached age 55 and had completed ten years of service. The participant's monthly accrued benefit payable at his or her normal retirement date was equal to 2% of the participant's final average monthly earnings multiplied by years of plan participation (and fractions thereof), and then adjusted for form of payment. The participant was also entitled to his or her voluntary contributions and accrued earnings thereon. Participants elected a combination of annuity payments.

Retirement benefits for participants electing early retirement were reduced as defined in the plan document. If an active participant died after completing five years of service, a contingent annuitant benefit was paid to the participant's beneficiary. If a participant who did not qualify for such a benefit died, a death benefit equal to the value of the participant's required contributions balance at the date of death was paid to the participant's beneficiary. Active employees who became totally disabled received annual disability benefits that were equal to the normal retirement benefits they had accumulated as of the time they became disabled. At termination, a participant could elect to receive a lump-sum amount equal to the value of the participant's vested account balance.

Effective March 1, 2005, Harrison Plan was amended to no longer accept new entrants into the Harrison Plan effective on the transition date applicable to each group of employees. The transition period for closing Harrison Plan to new entrants began on March 1, 2005. The final transition date was January 1, 2006, thereby effectively closing Harrison Plan to new entrants at that time.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Effective December 31, 2010, Harrison Plan was amended to exclude all participant earnings and hours of service after December 31, 2010, for the purposes of determining the participant's final average monthly earnings and years of plan participation.

Participants were 100% vested in their contributions to Harrison Plan. Benefits were 0% vested until reaching five years of service, at which time they became 100% vested. On December 30, 2016, Harrison Plan was amended such that the accrued benefits of all active participants became 100% vested and nonforfeitable.

Employee Contributions for Harrison Plan

Prior to January 1, 2011, Harrison Plan required all active participants to contribute 2% of their eligible earnings. Effective January 1, 2011, Harrison Plan was amended to no longer require or permit employee contributions to Harrison Plan. Mandatory contribution accounts were credited with interest based on 120% of the federal midterm rate in effect as of the first day of each plan year, but in no event less than 5%. Prior to May 1, 1993, participants elected to make voluntary contributions to Harrison Plan of up to 10% of their earnings. The mandatory and voluntary contributions were maintained in separate accounts and were credited with interest each year. Voluntary contributions were credited with the interest rate used by the PBGC to value immediate annuities for single employer plans terminating on the first day of the plan year. The interest rate for voluntary contributions was defined by the interest rate used by the PBGC to value immediate annuities for single employer plans terminating on the first day of the plan year. After December 31, 2020, the PBGC no longer published this rate. Therefore, Harrison Plan was amended effective January 1, 2021, to change the interest rate on the voluntary contributions to be the same as the rate used for mandatory contributions: 120% of the federal midterm rate in effect as of the first day of each plan year, but in no event less than 5%. For the plan years ended December 31, 2023 and 2022, interest credited on mandatory and voluntary contributions was 5%. Cumulative mandatory and voluntary employee contributions, including interest, as of December 31, 2023 and 2022, were \$7,493,154 and \$7,918,943, respectively.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

All of the plans offer a life annuity and optional forms of payment. All of the plans offer a lump sum, although Trinity Plan limits a lump sum at \$50,000. St. Luke's Plan, Jewish Plan, Trinity Plan, and Harrison Plan all offer 50%, 75%, and 100% Joint Survivor annuities with Memorial Plan only offering 50% and 75% Joint Survivor annuities. St. Luke's Plan, Jewish Plan, Memorial Plan, and Trinity Plan all offer certain period to continuous annuities. St. Luke's Plan and Memorial Plan offer a 10-year certain period to continuous annuity, while Jewish Plan and Trinity Plan both offer a 5-, 10-, and 15-year certain period to continuous annuities. Further, only Jewish Plan offers certain period annuities for 5, 10, and 15 years.

Termination Amendment

ERISA Plan was amended on July 15, 2022, with an effective date of August 31, 2022, to simplify the administration of ERISA Plan in connection with the termination. This amendment made the following changes:

- To change the interest crediting rate and annuity conversion rates to use the five-year average of the applicable rates for St. Luke's Plan and Jewish Plan
- To remove the retroactive annuity start date option for Harrison Plan, Jewish Plan, and Memorial Plan
- To remove disability benefits for St. Luke's Plan, Harrison Plan, Jewish Plan, and Memorial Plan
- To remove the option to repay employee contributions for Harrison Plan
- To remove rare optional forms of payment:
 - 66 2/3% joint and survivor for Harrison Plan, Jewish Plan, and Memorial Plan
 - 20-year certain and life for Jewish Plan and Trinity Plan
 - 20-year certain only for Jewish Plan

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

- To provide a lump-sum window of at least 45 days for participants to receive a lump-sum distribution of their benefit regardless of the plans' regular plan provisions
- To increase the age for the required beginning date for mandatory distributions from age 70 1/2 to age 72 as adjusted or modified by Internal Revenue Code (Code) Section 401(a)(9)

ERISA Plan was amended on August 30, 2022, with an effective date of August 31, 2022, to simplify the administration of ERISA Plan in connection with the termination. This amendment made the following change:

- To remove the service requirement for early retirement eligibility

Administrative Expenses

ERISA Plan's expenses are paid either by ERISA Plan or the Plan Sponsor. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of ERISA Plan that are paid by ERISA Plan are recorded as deductions on the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included in net appreciation of fair value of investments presented on the accompanying statements of changes in net assets available for benefits.

2. Summary of Significant Accounting Policies

Basis of Accounting

As a result of the termination being imminent, the December 31, 2023 and 2022, financial statements have been prepared under the liquidation basis of accounting. Under the liquidation basis of accounting, assets are stated at their estimated realizable values and liabilities at their settlement amounts.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Fair Value Measurements

ERISA Plan's investments are stated at estimated fair value in accordance with Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*. The guidance provides a consistent definition of fair value that focuses on an exit price, which is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC Topic 820 prioritizes, with respect to the measurement of fair value, the use of market-based information over entity-specific information and establishes a three-level hierarchy for fair value measurements based on the nature of inputs used in the valuation of an asset or a liability as of the reporting date.

The three-level hierarchy for fair value measurements is as follows:

- Level 1 – Fair value is based on inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that are accessible to the reporting entity at the measurement date. The fair value hierarchy gives the highest priority to Level 1 inputs.
- Level 2 – Fair value is based on inputs, other than Level 1, that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability through corroboration with observable market data. Investments that trade in less-liquid public markets or derive market value through corroboration with observable market data (e.g., fixed-income securities) are classified in Level 2 of the fair value hierarchy.
- Level 3 – Fair value is based on inputs to the valuation methodology that are unobservable and significant to the fair value measurement. These inputs reflect management's judgments about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed. The fair value hierarchy gives the lowest priority to Level 3 inputs.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In situations where inputs used to determine fair value fall into different levels of the fair value hierarchy, the level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement in its entirety.

ERISA Plan holds various investments that are valued at fair value. The fair value of common collective trusts held directly by ERISA Plan is not publicly traded; therefore, readily available market quotations are generally not available to be used for valuation purposes. Accordingly, the Plan Sponsor's valuation of these common collective trusts is measured at the net asset value (NAV) practical expedient as of the reporting date and is excluded from the three-level hierarchy for fair value measurements in accordance with ASC Topic 820. Interest-bearing cash is stated at cost, which approximates fair value.

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

Income Recognition

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

Actuarial Present Value of Accumulated Plan Benefits

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

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits

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

The accumulated plan benefit information as of December 31, 2022, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants and beneficiaries currently receiving benefits	\$ 183,722,925
---	----------------

Other participants	<u>261,025,801</u>
--------------------	--------------------

Total vested benefits	<u>444,748,726</u>
-----------------------	--------------------

Total actuarial present value of accumulated plan benefits	<u><u>\$ 444,748,726</u></u>
--	------------------------------

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

Actuarial present value of accumulated plan benefits at

January 1, 2022	\$ 654,689,322
-----------------	----------------

Increase (decrease) during year attributed to:

Actuarial gains	(31,876,761)
-----------------	--------------

Decrease in discount period	3,998,868
-----------------------------	-----------

Benefits paid	(39,959,509)
---------------	--------------

Assumption changes	<u>(142,103,194)</u>
--------------------	----------------------

Net decrease	<u>(209,940,596)</u>
--------------	----------------------

Actuarial present value of accumulated plan benefits at

December 31, 2022	<u><u>\$ 444,748,726</u></u>
-------------------	------------------------------

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

Significant actuarial assumptions used in the valuation are as follows:

Discount rate – the present value of accumulated benefits as of December 31, 2022, was developed by discounting the actual 2023–2024 cash flows by the 1.0 year spot rate from the December 31, 2022, FTSE Pension Discount Curve of 5.10%. These cash flows include \$157,904,403 of one-time window lump-sum payments discounted from November 1, 2023, a \$246,930,443 annuity purchase discounted from November 1, 2023, an \$18,202,804 payment to the PBGC for Missing Participants discounted from April 1, 2024, and \$40,234,818 in remaining benefit payments paid from the pension trust for periods after December 31, 2022 (discounted six months based on weighted average of payments).

For the prior year, the FTSE Pension Discount Curve as of December 31, 2021, was utilized to discount the expected cash flows in 2022 and 2023. The 2022 cash flow was discounted using the 1.0 year spot rate, 0.63%, and the 2023 cash flow was discounted using the 2.0 year spot rate, 0.95%.

Mortality – Prior year assumption: Separate rates for non-annuitants based on the Pri-2012 employees table without collar or amount adjustments and annuitants based on the Pri-2012 combined nondisabled annuitants table without collar or amount adjustments, projected using the MP-2021 generational improvement scale.

Additional actuarial assumption changes for the year ended December 31, 2022, are as follows:

Lump-sum interest rates changed from 1.76% for the first 5 years, 3.24% for the next 15 years, and 3.82% for all other years to 1.16% for the first 5 years, 2.72% for the next 15 years, and 3.10% for all other years.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

Cash balance interest accumulation rates changed as displayed below:

St. Luke's Plan Cash Balance Interest Crediting Rate			
Prior Year		Current Year	
2023	2.44%	2023 actual	2.44%
		2024+	2.44

Jewish Plan's Cash Balance Interest Crediting Rate			
Prior Year		Current Year	
2023	3.80%	2023 actual	3.80%
		2024+	3.80

Mortality used for lump-sums conversions was updated to the 417(e)(3) applicable mortality for 2023 projected statically to commencement using MP-2021.

Benefit payment assumptions reflect the payment assumption for the upcoming one-time lump-sum window prior to expected annuity purchase and plan termination.

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements

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

	Level 1	Level 2	Level 3	Total
December 31, 2023				
Interest-bearing cash	\$ 65,450,252	\$ –	\$ –	\$ 65,450,252
Assets measured at fair value	<u>\$ 65,450,252</u>	<u>\$ –</u>	<u>\$ –</u>	<u>65,450,252</u>
Total assets				<u>\$ 65,450,252</u>
	Level 1	Level 2	Level 3	Total
December 31, 2022				
Interest-bearing cash	\$ 5,040,111	\$ –	\$ –	\$ 5,040,111
Assets measured at fair value	<u>\$ 5,040,111</u>	<u>\$ –</u>	<u>\$ –</u>	<u>5,040,111</u>
Assets measured at NAV:				
Common collective trust				504,016,439
Total assets				<u>\$ 509,056,550</u>

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

	December 31, 2023 Fair Value	December 31, 2022 Fair Value	Redemption Frequency	Redemption Notice Period
Common collective trusts ^(a)	\$ –	\$ 504,016,439	Daily	3 days

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

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

5. Investments

All investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedules, including investments held, pending purchases, pending sales, and accrued income at December 31, 2023 and 2022, and net depreciation in fair value of investments and investment income for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Northern Trust Company, the trustee of ERISA Plan as of December 31, 2023 and 2022, and for the years then ended.

6. Income Tax Status

ERISA Plan has received a determination letter from the IRS dated July 6, 2023, stating that ERISA Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, ERISA Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

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

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

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

CommonSpirit Health ERISA Retirement Plan

Notes to Financial Statements (continued)

8. Risks and Uncertainties

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

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

9. Subsequent Events

Management has evaluated subsequent events for ERISA Plan through October 15, 2024, the date the accompanying financial statements were available to be issued.

Supplemental Schedules

CommonSpirit Health ERISA Retirement Plan

EIN 76-0536232 Plan #001

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

December 31, 2023

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Interest-bearing cash	USD – MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL	\$ 65,450,252	\$ 65,450,252
		\$ 65,450,252	\$ 65,450,252

CommonSpirit Health ERISA Retirement Plan

EIN 76-0536232 Plan #001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2023

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – Single transaction in excess of 5% of plan assets at January 1, 2023					
CF BLACKROCK GOVT SHORT-TERM INVESTM	\$ 220,454,321	\$ –	\$ 220,454,321	\$ 220,454,321	\$ –
CF BLACKROCK GOVT SHORT-TERM INVESTM	–	220,454,321	220,454,321	220,454,321	–
CF BLACKROCK INTERMEDIATE GOVERNMENT BOND INDEX	–	68,638,199	73,570,399	68,638,199	(4,932,200)
CF INTERMEDIATE DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	–	72,000,000	78,255,206	72,000,000	(6,255,206)
CF INTERMEDIATE DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	–	171,577,377	186,977,770	171,577,377	(15,400,393)
CF LONG DURATION CORPORATE CREDIT	–	71,000,000	91,605,897	71,000,000	(20,605,897)
CF LONG DURATION CORPORATE CREDIT	–	68,307,045	94,772,677	68,307,045	(26,465,632)
MFB NORTHERN INSTL FDS TREAS PORTFOLIO	463,382,812	–	463,382,812	463,382,812	–
MFB NORTHERN INSTL FDS TREAS PORTFOLIO	–	253,604,324	253,604,324	253,604,324	–
MFB NORTHERN INSTL FDS TREAS PORTFOLIO	–	120,721,600	120,721,600	120,721,600	–
MFB NORTHERN INSTL FDS TREAS PORTFOLIO	–	28,760,161	28,760,161	28,760,161	–
SHORT-TERM INVESTMENT FUND	210,238,199	–	210,238,199	210,238,199	–
SHORT-TERM INVESTMENT FUND	220,454,321	–	220,454,321	220,454,321	–
SHORT-TERM INVESTMENT FUND	–	221,154,321	221,154,321	221,154,321	–
SHORT-TERM INVESTMENT FUND	–	226,326,698	226,326,698	226,326,698	–

CommonSpirit Health ERISA Retirement Plan

EIN 76-0536232 Plan #001

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

Identity of Party Involved	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) – A series of transactions in excess of 5% of the fair value of plan assets					
CF BLACKROCK GOVT SHORT-TERM INVESTM	\$ 220,454,321	\$ –	\$ 220,454,321	\$ 220,454,321	\$ –
CF BLACKROCK GOVT SHORT-TERM INVESTM	–	220,454,321	220,454,321	220,454,321	–
CF BLACKROCK INTERMEDIATE GOVERNMENT	–	68,638,199	73,570,399	68,638,199	(4,932,200)
CF LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	–	153,987,045	204,880,051	153,987,045	(50,893,006)
CF INTERMEDIATE DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND	–	264,997,377	288,204,393	264,997,377	(23,207,016)
SHORT-TERM INVESTMENT FUND	448,529,206	–	448,529,206	448,529,206	–
SHORT-TERM INVESTMENT FUND	–	467,141,981	467,141,981	467,141,981	–
MFB NORTHERN INSTL FDS TREAS PORTFOLIO	506,134,363	–	506,134,363	506,134,363	–
MFB NORTHERN INSTL FDS TREAS PORTFOLIO	–	440,684,111	440,684,111	440,684,111	–

There were no category (ii) or (iv) reportable transactions during 2023.

EY | Building a better working world

EY exists to build a better working world, helping to create long-term value for clients, people and society and build trust in the capital markets.

Enabled by data and technology, diverse EY teams in over 150 countries provide trust through assurance and help clients grow, transform and operate.

Working across assurance, consulting, law, strategy, tax and transactions, EY teams ask better questions to find new answers for the complex issues facing our world today.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. Information about how EY collects and uses personal data and a description of the rights individuals have under data protection legislation are available via ey.com/privacy. EY member firms do not practice law where prohibited by local laws. For more information about our organization, please visit ey.com.

Ernst & Young LLP is a client-serving member firm of Ernst & Young Global Limited operating in the US.

© 2024 Ernst & Young LLP.
All Rights Reserved.

ey.com

See

Audited Financial

Statements

For

Schedule of Reportable Transactions

(Schedule H 4j)

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)