

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>SWEDISH HEALTH SERVICES RETIREE PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SWEDISH HEALTH SERVICES</u></p> <p><u>1801 LIND AVE SW</u> <u>RENTON, WA 98057</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2018</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>91-0433740</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>888-687-3753</u></p> <p><b>2d</b> Business code (see instructions) <u>622000</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/07/2025	REBECCA BROWN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1040
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	0
	<b>6a(2)</b>	0
	<b>6b</b>	939
	<b>6c</b>	0
	<b>6d</b>	939
	<b>6e</b>	84
	<b>6f</b>	1023
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1I

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

- (1)  **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)

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

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**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.

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**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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>SWEDISH HEALTH SERVICES RETIREE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SWEDISH HEALTH SERVICES</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0433740</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>127761563</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>134575646</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1040</u>	<u>99328939</u>
	<b>b</b> For terminated vested participants .....	<u>0</u>	<u>0</u>
	<b>c</b> For active participants .....	<u>0</u>	<u>0</u>
	<b>d</b> Total .....	<u>1040</u>	<u>99328939</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>4.93 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>206000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>206000</u>

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

<b>SIGN HERE</b>			
	Signature of actuary	<u>09/19/2025</u>	Date
	<u>ARTHUR C RAINS-MCNALLY</u>	<u>23-07214</u>	Most recent enrollment number
	<u>MILLIMAN, INC.</u>	<u>206-624-7940</u>	Telephone number (including area code)
	<u>1301 FIFTH AVENUE, SUITE 3800 SEATTLE, WA 98101</u>		
	Address of the firm		

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of _____ % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.05</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	135.48 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	135.48 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	135.04 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

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

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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22**

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

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

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

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

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	206000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	206000

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

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

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	0
	Carryover balance	Prefunding balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	0

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

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

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

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

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SWEDISH HEALTH SERVICES RETIREE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SWEDISH HEALTH SERVICES</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0433740</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PROVIDENCE HEALTH &amp; SERVICES AND SW</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>PROVIDENCE HEALTH &amp; SERVICES</u>		
<b>c</b> EIN-PN <u>47-1530319-001</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>121459574</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SWEDISH HEALTH SERVICES RETIREE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SWEDISH HEALTH SERVICES</b>	<b>D</b> Employer Identification Number (EIN) <b>91-0433740</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	127771261	121459574
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	127771261	121459574
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	9698	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	9698	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	127761563	121459574

**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.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		5014633
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5014633

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	10883495	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		10883495
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	1809	
(2) Contract administrator fees .....	<b>2i(2)</b>	4390	
(3) Recordkeeping fees .....	<b>2i(3)</b>	29232	
(4) IQPA audit fees .....	<b>2i(4)</b>	27900	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	247666	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	17090	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	105040	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		433127
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		11316622

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-6301989
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: CLARK NUBER P.S.

(2) EIN: 91-1194016

**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
<b>a</b> 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.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		20000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 557069.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SWEDISH HEALTH SERVICES RETIREE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SWEDISH HEALTH SERVICES</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0433740</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

1		0
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 36-1561860

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

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

3		0
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 7.1 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 77.5 %  
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 15.4 % 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 \_\_\_\_\_.

**SWEDISH HEALTH SERVICES RETIREE PENSION PLAN**

Financial Statements

For the Year Ended December 31, 2024

## Table of Contents

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	Page
<b>Independent Auditor's Report</b>	1 - 4
<b>Financial Statements:</b>	
Statements of Net Assets Available for Benefits	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7 - 17

## Independent Auditor's Report

**To the Western HealthConnect Total Rewards Management Committee  
Swedish Health Services Retiree Pension Plan  
Renton, Washington**

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

We have performed audits of the financial statements of Swedish Health Services Retiree Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). 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 (qualified institution), provided that the investment information is prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

- 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 (GAAP).



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- The certified investment information in the accompanying financial statements agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

## **Auditor's Responsibilities for the Audit of the 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.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 GAAP.

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 GAAP.

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.

*Clark Nuber P.S.*

Certified Public Accountants

July 17, 2025



**SWEDISH HEALTH SERVICES RETIREE PENSION PLAN**

**Statement of Changes in Net Assets Available for Benefits  
For the Year Ended December 31, 2024**

---

Change in Plan interest in master trust	\$ 5,014,633
Benefit payments	(10,883,495)
Expenses	<u>(433,127)</u>
<b>Net Decrease in Net Assets Available for Benefits</b>	<b>(6,301,989)</b>
<b>Net Assets Available for Benefits:</b>	
Beginning of year	<u>127,761,563</u>
<b>End of Year</b>	<b><u><u>\$ 121,459,574</u></u></b>

See accompanying notes.

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

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#### Note 1 - Plan Description

The following description of the Swedish Health Services Retiree Pension Plan (the Plan) provides only general information. Reference should be made to the plan document for a more complete description of the Plan's provisions.

**General** - The Plan was established effective January 1, 2018, and is a defined benefit, noncontributory plan for certain former employees and beneficiaries of former employees of Swedish Health Services (Swedish) who were receiving benefits under the Swedish Health Services Pension Plan (the Prior Plan) as of December 31, 2017. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). In 2018, assets in the amount of \$171,080,000 for the benefits of approximately 1,100 retirees was transferred into the Plan, along with \$119,681,482 of the Plan's liabilities.

On February 1, 2012, Providence Health & Services (Providence) and Swedish effected an affiliation agreement, which integrated the operations of the two health systems. Providence and Swedish have affiliated to create a fully integrated, nonprofit, charitable healthcare system serving the communities throughout Western Washington.

**Eligibility** - Participation in the Plan is limited to nonunion Swedish employees who began receiving benefits under the Prior Plan prior to January 1, 2015. No employee hired or re-employed by Swedish or any affiliate on or after January 1, 2018, is eligible to earn additional benefits under the Plan.

Effective January 1, 2007, the Prior Plan was closed to new participants. Prior to January 1, 2007, employees of Swedish became eligible for participation upon completion of at least 500 hours during a calendar year of service with Swedish.

**Vesting** - Participants are fully vested after completion of five years of service with Swedish or upon reaching normal retirement age while employed by Swedish.

**Contributions and Funding Policy** - Swedish makes all contributions to the Plan and, at a minimum, funds pension costs in such amounts as required by ERISA. Swedish intends to continue to do so indefinitely; however, it reserves the right to amend, suspend, or terminate the Plan at any time. Contributions are based on actuarial determinations. Under current regulations, any contributions made within eight and one half months of the end of a plan year may be applied to the minimum funding requirement of the previous year.

For the year ended December 31, 2024, no contributions were required as the Plan had already met the minimum funding requirements of ERISA.

**Benefits** - The Plan provides for pension benefits based on the monthly accrued benefit earned for each year of service as defined under the Plan, calculated as a percentage of participant's base compensation plus a percentage of base compensation in excess of covered compensation for each year of service. The Plan provides for early retirement provisions in certain circumstances.

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

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#### Note 1 - Continued

Under the Prior Plan, effective December 31, 2009, a nonunion participant's accrued benefit earned excludes all earnings after the later of December 31, 2009 and the date on which such participant becomes a nonunion participant. A nonunion participant is any employee who is not included in a unit of employees covered by a collective bargaining agreement between the employer and the employee representatives, provided, however, that an employee who is not a member of such unit due to an interim transfer of job position occurring on or after January 1, 2010 will not be a nonunion participant unless and until such transfer becomes permanent. Effective January 1, 2010, nonunion employees are eligible to participate in the Swedish Health Services 401(k) plan.

Benefit payments are paid monthly upon retirement as a life annuity or joint and survivor annuity. The normal retirement age is 65 for participants born prior to 1938; age 66 for participants born between 1938 and 1954; and age 67 for participants born after 1954. Under certain circumstances, participants may be allowed to elect certain other forms of payment, including 15% and 100% lump-sum options and a social security adjustment option. At the time of a vested participant's death prior to receiving benefits, a spouse is eligible to receive a survivor benefit from the Plan provided the participant had been married for at least one year.

**Plan Termination** - Swedish reserves the right to discontinue contributions and terminate the Plan, subject to the provisions of ERISA. If the Plan terminates, the assets shall be used to pay benefits to the extent funded, had the participants retired as of the date of termination. Benefits are first paid to participants currently receiving benefits or receiving benefits during the three years before plan termination, followed by benefits guaranteed by the Pension Benefit Guaranty Corporation (the PBGC), and finally other vested and accrued benefits. Should plan assets be insufficient, certain benefits would be paid under the direction of the PBGC.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

**Tax Status** - A determination letter was obtained under the prior plan, Swedish Health Services Pension Plan, on August 24, 2017 from the Internal Revenue Service (IRS) stating that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the Code). The IRS determination letter program was subsequently modified such that the Plan is no longer eligible to apply for a determination letter. The plan administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and, therefore, believe that the Plan is qualified and the related trust is tax exempt.

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

**Plan Administration** - The Plan is administered by the Western HealthConnect Total Rewards Management Committee.

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

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#### Note 1 - Continued

**Master Trust** - The Plan is part of the Providence Health & Services and Swedish Health Services Master Retirement Trust (Master Trust). Pavilion, a Mercer Practice, provides investment advisory and other services. The Northern Trust Company (Northern Trust) is the custodian and trustee for the Master Trust.

#### Note 2 - Summary of Significant Accounting Policies

**Basis of Accounting** - The accompanying financial statements have been prepared on the accrual basis of accounting.

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

**Investment Valuation and Income Recognition** - Investments in the Master Trust are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments includes gains and losses on investments bought and sold as well as held during the year.

**Payment of Benefits** - Benefit payments to participants are recorded when paid.

**Risks and Uncertainties** - The Plan's investments are exposed to certain risks, such as interest rate, market, and credit risks. Due to the level of risk associated with the Plan's investments, it is at least reasonably possible that changes in the values of these investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

Plan contributions are determined, 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 process, it is at least reasonably possible that changes in these estimates and assumptions will occur in the near term and that such changes could materially affect the accompanying financial statements.

**Administrative and Investment Expenses** - At the employer's discretion and in accordance with the Plan document, certain expenses of the Plan have been paid directly by Swedish; certain administrative expenses, including audit, actuarial, and investment manager fees are charged to the Plan.

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

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#### Note 3 - Actuarial Present Value of Accumulated Plan Benefits

The unit credit method is the actuarial cost method used to determine the actuarial present value of accumulated plan benefits. Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered through the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money, through discounts for interest, and the probability of payment, by means of decrements, such as for death, disability, or withdrawal, between the valuation date and the expected date of payment.

Benefits under the Plan for retired or terminated employees are based on the employee's compensation during his or her years of credited service. Benefits payable under all circumstances (retirement, disability, death, and termination of employment) are included to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits as of December 31, 2024 and 2023 was as follows:

	<u>2024</u>	<u>2023</u>
Vested benefits of participants currently receiving benefits	\$ 93,250,053	\$ 98,413,004
<b>Total Vested Benefits</b>	<b>93,250,053</b>	<b>98,413,004</b>
Nonvested benefits	1,407,000	1,449,000
<b>Actuarial Present Value of Accumulated Plan Benefits</b>	<b><u>\$ 94,657,053</u></b>	<b><u>\$ 99,862,004</u></b>

The change in the actuarial present value of accumulated plan benefits during the year ended December 31, 2024 is attributable to the following:

Actuarial present value of accumulated plan benefits, beginning of year	\$ 99,862,004
Increase (decrease) during the year attributable to-	
Actuarial (gains)/losses	1,139,458
Benefits paid	(10,883,495)
Increase for interest due to decrease in discount period	<u>4,539,086</u>
<b>Net Decrease in Present Value of Accumulated Plan Benefits</b>	<b><u>(5,204,951)</u></b>
<b>Actuarial Present Value of Accumulated Plan Benefit, End of Year</b>	<b><u>\$ 94,657,053</u></b>

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

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#### Note 3 - Continued

The significant assumptions underlying the actuarial computations were as follows as of December 31, 2024:

Investment Earnings	4.75% compounded annually, net of investment expense. The discount rate was adjusted by 0.08% to reflect anticipated investment expenses that will be paid from plan assets.
Mortality Basis	Pri-2012 Blue Collar Mortality Tables adjusted to reflect Mortality Improvement Scale MP-2021 without modification.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

There were no significant changes in actuarial assumptions since the December 31, 2023 valuation.

#### Note 4 - Certified Information

Certain information in the accompanying financial statements related to investments held by the Master Trust and Plan as of December 31, 2024 and 2023, and investment income or loss for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company and has not been audited by the Plan's independent auditors, except for the investments as of December 31, 2023 in LSV International Equity Trust, JPMCB US Active Core Equity, and Wellington Trust Small Cap 2000 Portfolio, that totaled \$108,134,132 (of which \$13,752,830 is related to the Plan).

#### Note 5 - Party-in-Interest Transactions

Certain investments in the Master Trust are managed by Northern Trust and, therefore, transactions with these investments qualify as party-in-interest transactions.

Swedish is the sponsor of the Plan and paid all expenses of the Plan, prior to their reimbursement by the Plan, during the year ended December 31, 2024, except for fees charged by the trustee.

#### Note 6 - Interest in Master Trust

Master Trust assets are allocated among participating plans by assigning to each plan those transactions that can be specifically identified (e.g. contributions, benefit payments) and by allocating among all plans investment income based on the Plan's interest in the underlying assets. During the year ended December 31, 2024, the Plan had a divided interest in the investments within the Master Trust. During the year ended December 31, 2023, the Plan had an undivided interest in the investments within the Master Trust and held 11.9% of Master Trust assets.

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

#### Note 6 - Continued

The following table represents the net assets of the Master Trust and the Plan as of December 31, 2024 and 2023:

	Master Trust		Plan	
	2024	2023	2024	2023
<b>Assets:</b>				
Cash and cash equivalents	\$ 7,462,830	\$ 4,596,806	\$ 2,210,629	\$ 584,636
Investments	1,070,208,203	1,045,955,268	119,980,758	133,027,795
<b>Receivables:</b>				
Pending sales	11,091,751	13,558,117	316,450	1,724,363
Accrued interest and dividends	5,163,883	3,477,751	1,068,300	442,310
<b>Total Receivables</b>	<b>16,255,634</b>	<b>17,035,868</b>	<b>1,384,750</b>	<b>2,166,673</b>
<b>Total Assets</b>	<b>1,093,926,667</b>	<b>1,067,587,942</b>	<b>123,576,137</b>	<b>135,779,104</b>
<b>Liabilities:</b>				
Pending purchases	74,186,776	62,963,125	2,116,563	8,007,843
<b>Total Liabilities</b>	<b>74,186,776</b>	<b>62,963,125</b>	<b>2,116,563</b>	<b>8,007,843</b>
<b>Net Assets of the Trust</b>	<b>\$1,019,739,891</b>	<b>\$1,004,624,817</b>	<b>\$ 121,459,574</b>	<b>\$ 127,771,261</b>

The following table represents the changes in net assets of the Master Trust and the Plan for the year ended December 31, 2024:

	Master Trust	Plan
<b>Investment Income:</b>		
Dividend and interest income	\$ 25,555,708	\$ 3,882,373
Net appreciation in fair value of investments	48,999,211	1,132,260
<b>Net Investment Income</b>	<b>\$ 74,554,919</b>	<b>\$ 5,014,633</b>

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

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#### Note 7 - Fair Value Measurements

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy under ASC Topic 820 are described below:

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

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The following is a description of the valuation methodologies used by the Master Trust for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

**Cash and Cash Equivalents** - Funds that can be converted into cash immediately and are valued using quoted prices. This includes bank accounts, money market accounts, petty cash, and short-term highly liquid investments with a maturity of three months or less, such as U.S. Treasury bills and commercial paper.

**Registered Investment Companies** - Registered investment companies consist of mutual funds and exchange-traded funds which are registered as open-end funds with the Securities and Exchange Commission (SEC). Mutual funds are valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Exchange-traded funds are valued at the last sale or official closing price on the exchange on which they are principally traded which approximates their NAV. Mutual funds and exchange-traded funds held by the Plan are deemed to be actively traded.

**Equity Securities** - Valued at the closing price reported on the active market on which the individual securities are traded. International investments that are not actively traded are valued using quoted market prices for similar instruments or independent pricing models.

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

#### Note 7 - Continued

**Domestic and Foreign Debt Securities** - Debt securities classified within Level 1 of the hierarchy are valued using prices quoted in active markets for those securities. Debt securities classified within Level 2 of the hierarchy are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

**Commingled Funds** - Valued using the NAV provided by the funds' trustee. These funds trade on a regular basis, have a published price that management can obtain at any time and are valued based on this published price.

The following table sets forth by level, within the fair value hierarchy, the Master Trust's and the Plan's assets at fair value as of December 31, 2024:

	Plan Total	Total	Master Trust		
			Investments at Estimated Fair Value		
			Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 2,210,629	\$ 7,462,830	\$ 7,462,830	\$ -	\$ -
Equity securities-					
Domestic	8,840,920	309,879,441	309,879,441		
Foreign	4,415,680	154,772,186	154,772,186		
Registered investment companies	5,641,661	94,903,275	94,903,275		
Domestic debt securities-					
State and government	7,073,080	180,520,072	160,891,960	19,628,112	
Corporate	63,745,254	135,414,917		135,414,917	
Other	10,294,873	17,939,014		17,939,014	
Foreign debt securities	16,041,205	39,097,600		39,097,600	
Investments measured using NAV	3,928,085	137,681,698			
	<b>\$ 122,191,387</b>	<b>\$1,077,671,033</b>			

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

#### Note 7 - Continued

The following table sets forth by level, within the fair value hierarchy, the Master Trust's and the Plan's assets at fair value as of December 31, 2023:

	Plan Total	Total	Master Trust		
			Investments at Estimated Fair Value		
			Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 584,636	4,596,806	\$ 4,596,806	\$ -	\$ -
Equity securities-					
Domestic	11,693,259	91,940,380	91,940,380		
Foreign	5,937,878	46,687,647	46,687,647		
Registered investment companies	29,673,412	233,312,603	233,312,603		
Domestic debt securities-					
State and government	20,910,864	164,415,481	148,028,493	16,386,988	
Corporate	9,327,344	73,337,939		73,337,939	
Other	1,105,582	8,692,841		8,692,841	
Foreign debt securities	2,689,346	21,145,469		21,145,469	
Commingled funds	20,287,954	159,517,737	159,517,737		
Investments measured using NAV	31,402,156	246,905,171			
	<b>\$ 133,612,431</b>	<b>\$1,050,552,074</b>			

The Master Trust holds various funds that do not have a readily determinable fair value. These investments consist of shares or units in investment funds as opposed to direct interests in the funds' underlying holdings, which may be marketable. Due to the nature of these funds, the NAV per share, or its equivalent, reported by each fund manager, is used as a practical expedient to estimate the fair value of the Master Trust's interest therein. Management believes that the carrying amounts of these investment funds, provided by the fund managers, are reasonable estimates of fair value.

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

#### Note 7 - Continued

The following table presents information for investments where the NAV was used as a practical expedient to measure fair value at December 31:

Redemption Frequency	Redemption Notice Period	Lock Up Provisions	2024	2023
<b>Commingled Funds:</b>				
Daily	5 days	None	\$ -	\$ 19,396,759
Monthly	30 days	None		40,577,118
Semi-monthly	3 days	None		33,637,087
<b>Total Commingled Funds</b>				<b>93,610,964</b>
<b>Hedge Funds:</b>				
Monthly	From 5 up to 90 days	None up to one year	24,518,935	48,839,827
Quarterly	From 30 up to 90 days	None up to two years	85,657,977	91,741,494
Semi-Annually	60 days	12.5% quarterly	16,747,812	12,712,886
Annually	45 days	One year	10,756,974	
<b>Total Hedge Funds</b>				<b>137,681,698</b>
<b>Total Investment Measured using NAV</b>				<b>\$ 246,905,171</b>
			<b>\$ 137,681,698</b>	<b>\$ 246,905,171</b>

As of December 31, 2024 there were no unfunded capital commitments related to these funds. As of December 31, 2023 there were \$2,625,580 of unfunded capital commitments related to these funds.

The following is a summary of the nature and strategies of these investments:

Commingled funds are a type of pooled investment where multiple investors combine assets into a single fund managed by a professional. Investors in commingled fund investments benefit from economies of scale, which allow for lower trading costs per dollar of investment. The Master Trust's commingled funds primarily invest in portfolios of global or non-U.S. equities. Fund managers make active decisions on investment selection, asset allocation, and market timing with the goal of outperforming a specific benchmark.

Hedge funds are portfolios of investments that use advanced investment strategies, such as leveraged, long, short, and derivative positions in both domestic and international markets, with the goal of diversifying portfolio risk and generating return.

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Notes to Financial Statements For the Year Ended December 31, 2024

#### Note 7 - Continued

The Master Trust holds derivative instruments including fixed income and equity futures. Fixed income futures are generally used to manage interest rate risk or adjust portfolio duration. Equity futures are generally used to manage market exposure of a security or index or to rebalance the portfolio to the target asset allocation. Risks arise from the possible inability of counterparties to meet the terms of their contracts and movement in securities values and interest rates. The fair value of derivative assets and liabilities, none of which are accounted for as hedging instruments under ASC Topic 815, are reported on a net basis in the Master Trust's statements of net assets. Realized and unrealized gains and losses are included in the Master Trust's statements of changes in net assets. The Master Trust has executed master netting arrangements with the counterparties whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled.

The following tables summarize the gross notional value of derivative contracts outstanding as of December 31, 2024 and 2023. The gross notional values give an indication of the volume of the Master Trust's derivative activities and significantly exceed the fair value of the derivative investments, which is more representative of the theoretical economic exposure associated with the derivatives.

	Gross Notional Value as of December 31, 2024		
	Interest Rate	Equity	Total
Futures contracts	\$ 93,162,750	\$ 23,047,593	\$ 116,210,343
Swaps and other contracts	59,364,984		59,364,984
	<b><u>\$ 152,527,734</u></b>	<b><u>\$ 23,047,593</u></b>	<b><u>\$ 175,575,327</u></b>
	Gross Notional Value as of December 31, 2023		
	Interest Rate	Equity	Total
Futures contracts	\$ 126,150,516	\$ 32,854,880	\$ 159,005,396
Swaps and other contracts	31,015,799		31,015,799
	<b><u>\$ 157,166,315</u></b>	<b><u>\$ 32,854,880</u></b>	<b><u>\$ 190,021,195</u></b>

During the current year, management revised how gross values were presented. This presentation has been retrospectively applied.

The fair market value of derivatives in an asset position as of December 31, 2024 and 2023, was \$2,340,997 and \$1,455,400, respectively. The fair market value of derivatives in a liability position as of December 31, 2024 and 2023, was \$1,632,696 and \$1,532,820, respectively.

#### Note 8 - Subsequent Events

Management of the Plan has evaluated, for potential recognition or disclosure in the financial statements, subsequent events that have occurred through July 17, 2025, which is the date that the financial statements were available to be issued.

## SWEDISH HEALTH SERVICES RETIREE PENSION PLAN

### Actuarial Methods and Assumptions

Many of the factors affecting the Plan’s costs are variables which cannot be predicted with certainty. The following actuarial assumptions have either been prescribed by statute and regulation or selected to reasonably anticipate future experience with respect to these variables. For non-prescribed assumptions, we monitor the economic and demographic experience of the Plan each year for material gains and losses arising from the assumptions and recommend adjustments accordingly. Other actuarial assumptions could also be reasonable and would yield different results.

### ECONOMIC ASSUMPTIONS

#### Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor’s interest rate election. The PBGC interest rates are based on the Plan Sponsor’s elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	3.62%	5.01%
Segment 2 (5–20 years)	4.87%	4.46%	5.13%
Segment 3 (20+ years)	5.59%	4.52%	5.15%
Effective Interest Rate	4.93%	4.35%	5.11%

**ERISA minimum funding:** 24-month average segment rates, using a four-month lookback from the valuation date, adjusted to reflect the segment rate floor and applicable segment rate stabilization corridor consistent with IRS requirements.

**Maximum deductible:** 24-month average segment rates, using a four-month lookback from the valuation date, but not adjusted to reflect the segment rate floor or segment rate stabilization consistent with IRS requirements.

**PBGC premium:** Spot segment rates for the month preceding the valuation date. The standard method is used for the PBGC variable-rate premium calculation consistent with PBGC requirements.

**FASB ASC Topic 960:** 4.75% per year (adopted December 31, 2022) based on the Plan’s asset allocation, investment policy, and Milliman’s capital market models consistent with FASB requirements.

#### Asset Returns

**ERISA minimum funding and maximum deductible:** 4.75% per year (adopted January 1, 2023) based on the Plan’s asset allocation, investment policy, and Milliman’s capital market models.

#### Compensation Increases

Not applicable.

### **Variable Unit Value Increases**

2.25% per year (adopted January 1, 2022).

### **417(e) Lump Sums**

Not applicable.

### **Inflation (CPI)**

Not applicable.

### **Postretirement Benefit Increases**

For caregivers with Variable Unit benefits, 2.25%. For all other caregivers the Plan does not provide for automatic postretirement benefit increases.

### **Social Security Taxable Wage Base Increases**

Not applicable.

### **Administrative Expenses**

The annual administrative expenses paid from the plan are assumed to be \$100,000 plus expected PBGC premiums.

A liability load representing anticipated administrative expenses and PBGC premiums is included in the ASC Topic 960 liability.

## **DEMOGRAPHIC ASSUMPTIONS**

We believe the demographic assumptions shown below are reasonable for the contingencies they are measuring and are not anticipated to produce significant cumulative actuarial gains or losses over the measurement period. Except where noted, all demographic assumptions are based on the actuary's judgement, continued review of experience, and periodic formal experience studies.

### **Mortality**

#### **ERISA minimum funding, maximum deductible, and PBGC premium (updated annually):**

- Healthy Lives: The mortality table was updated as prescribed by IRC Section 430(h)(3)(A). The mortality assumption was updated to comply with the requirements of the IRS.
- Disabled Lives: There are no Plan participants identified as disabled.

#### **FASB ASC Topic 960 (adopted January 1, 2022):**

- Healthy Lives: Pri-2012 Mortality Tables projected forward using Scale MP-2021 on a generational basis, with gender-distinct Blue Collar Employee rates before benefit commencement and Blue Collar Retiree rates after benefit commencement.
- Disabled Lives: There are no Plan participants identified as disabled.
- Beneficiary Lives: Pri-2012 Mortality Tables projected forward using Scale MP-2021 on a generational basis, with gender-distinct Blue Collar Employee rates before benefit commencement and Blue Collar Retiree rates after benefit commencement.

## Disability Rates

Not applicable.

## Retirement

Not applicable.

## Withdrawal Rates

Not applicable.

## Decrement Timing

Decrements are assumed to occur at the beginning of the year.

## Form of Payment

Elected forms of payment are reflected in the valuation.

## Marital Characteristics

Not applicable.

## Employees

It was assumed there will be no additional retirees rehired.

## Benefits Not Valued

All benefits are valued.

## Special Data Adjustments

None.

## Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the unit credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's accrued benefits.

## Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-fifth, two-fifths, three-fifths, and four-fifths, respectively, of the investment gain or loss for the two immediately preceding plan years as of five determination dates, each at six-month intervals (each January 1 and July 1 within the averaging period), but it must be within 90% to 110% of the Adjusted Market Value of Assets. The

expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets or the applicable statutory interest rate for the year.

### **PBGC Variable-Rate Premium Method**

The standard method is used for the PBGC variable-rate premium calculation (adopted January 1, 2018).

### **Amortization Method**

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen year period, and the related shortfall amortization payment is determined on the first valuation date following the plan year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

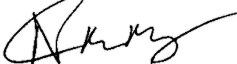
▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan SWEDISH HEALTH SERVICES RETIREE PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Swedish Health Services	<b>D</b> Employer Identification Number (EIN) 91-0433740	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	127,761,563
	<b>b</b> Actuarial value .....	<b>2b</b>	134,575,646
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	1,040	99,328,939
	<b>b</b> For terminated vested participants .....	0	0
	<b>c</b> For active participants .....	0	0
	<b>d</b> Total .....	1,040	99,328,939
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	4.93%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	206,000
	<b>c</b> Target normal cost .....	<b>6c</b>	206,000

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

<b>SIGN HERE</b>	 Signature of actuary	<u>09/19/2025</u> Date
	<u>ARTHUR C RAINS-MCNALLY</u> Type or print name of actuary	<u>2307214</u> Most recent enrollment number
	<u>MILLIMAN, INC.</u> Firm name	<u>206-624-7940</u> Telephone number (including area code)
	<u>1301 FIFTH AVENUE, SUITE 3800</u> <u>SEATTLE WA 98101</u> Address of the firm	

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

<b>Part II</b>	<b>Beginning of Year Carryover and Prefunding Balances</b>	
	(a) Carryover balance	(b) Prefunding balance
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b> Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b> Interest on line 9 using prior year's actual return of _____% .....		
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.05</u> % .....		0
<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
<b>d</b> Portion of (c) to be added to prefunding balance .....		
<b>12</b> Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III</b>	<b>Funding Percentages</b>	
<b>14</b> Funding target attainment percentage .....	<b>14</b>	135.48 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	135.48 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	135.04 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

**Part IV Contributions and Liquidity Shortfalls**

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

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

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

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

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b>
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c).....				<b>31a</b> 206,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 206,000
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	0		0	
<b>b</b> Waiver amortization installment .....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 0
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0	
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

2024 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments  
 Swedish Health Services Retiree Pension Plan  
 EIN/PN: 91-0433740/002

<b>PLAN YEAR BEGINNING JANUARY 1,</b>	<b>ACTIVE PARTICIPANTS</b>	<b>TERMINATED VESTED PARTICIPANTS</b>	<b>RETIRED PARTICIPANTS AND BENEFICIARIES RECEIVING PAYMENTS</b>	<b>TOTAL</b>
2024	-	-	10,828,106	10,828,106
2025	-	-	10,496,636	10,496,636
2026	-	-	10,137,036	10,137,036
2027	-	-	9,751,533	9,751,533
2028	-	-	9,342,391	9,342,391
2029	-	-	8,912,042	8,912,042
2030	-	-	8,463,066	8,463,066
2031	-	-	7,998,158	7,998,158
2032	-	-	7,520,100	7,520,100
2033	-	-	7,031,787	7,031,787
2034	-	-	6,536,333	6,536,333
2035	-	-	6,037,134	6,037,134
2036	-	-	5,537,929	5,537,929
2037	-	-	5,042,791	5,042,791
2038	-	-	4,556,053	4,556,053
2039	-	-	4,082,229	4,082,229
2040	-	-	3,625,826	3,625,826
2041	-	-	3,191,120	3,191,120
2042	-	-	2,781,961	2,781,961
2043	-	-	2,401,560	2,401,560
2044	-	-	2,052,396	2,052,396
2045	-	-	1,736,110	1,736,110
2046	-	-	1,453,466	1,453,466
2047	-	-	1,204,332	1,204,332
2048	-	-	987,746	987,746
2049	-	-	802,064	802,064
2050	-	-	645,083	645,083
2051	-	-	514,193	514,193
2052	-	-	406,552	406,552
2053	-	-	319,206	319,206
2054	-	-	249,250	249,250
2055	-	-	193,924	193,924
2056	-	-	150,685	150,685
2057	-	-	117,264	117,264
2058	-	-	91,659	91,659
2059	-	-	72,232	72,232

2024 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments  
 Swedish Health Services Retiree Pension Plan  
 EIN/PN: 91-0433740/002

<b>PLAN YEAR BEGINNING JANUARY 1,</b>	<b>ACTIVE PARTICIPANTS</b>	<b>TERMINATED VESTED PARTICIPANTS</b>	<b>RETIRED PARTICIPANTS AND BENEFICIARIES RECEIVING PAYMENTS</b>	<b>TOTAL</b>
2060	-	-	57,555	57,555
2061	-	-	46,378	46,378
2062	-	-	38,007	38,007
2063	-	-	31,729	31,729
2064	-	-	26,905	26,905
2065	-	-	23,037	23,037
2066	-	-	18,267	18,267
2067	-	-	4,209	4,209
2068	-	-	2,542	2,542
2069	-	-	1,052	1,052
2070	-	-	793	793
2071	-	-	623	623
2072	-	-	487	487
2073	-	-	386	386

## **SWEDISH HEALTH SERVICES RETIREE PENSION PLAN**

### **Summary of Plan Provisions**

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

The following is a summary of the major provisions included in the actuarial valuation of the Swedish Health Services Retiree Pension Plan. The formal plan document provides additional detail regarding the administration of the Plan, and the benefits, rights, and features provided. In case of any conflict between this summary and the formal plan document, the plan document will control. The summary below is based on the plan established January 1, 2018.

### **Eligibility for Membership**

All Swedish Health Services Pension Plan participants identified at time of the establishment of the Plan as nonunion retirees who began receiving their benefits prior to January 1, 2015.

### **Year of Service**

For plan years beginning on or after January 1, 1989, a Year of Service means a Plan Year with at least 500 Hours of Service.

### **Credited Service**

For plan years beginning on or after January 1, 1989 a year of Credited Service is a Plan Year with at least 500 Hours of Service.

Credited Service for those electing to participate in the defined contribution plan will not increase after December 31, 2006. Credited Service for all other nonunion participants will not increase after the later of December 31, 2009 or the date the Participant becomes a nonunion Participant.

### **Earnings**

Wages subject to federal income tax withholding plus pretax contributions made to a 401(k) plan, a non-qualified deferred compensation plan, a non-qualified retirement plan, a tax-sheltered or tax-deferred annuity, a commuter/transportation plan or an IRC Section 125 Plan.

### **Vesting**

Completion of five Years of Service or the earlier of I) attainment of Normal Retirement Age and II) age 65 and the 5<sup>th</sup> anniversary from participation, provided the participant is an employee on such date. All active nonunion participants became 100% vested as of December 31, 2009.

### **Normal Retirement Benefit**

Equal to the sum of (a) and (b):

- (a) The accrued benefit earned prior to 1989
- (b) After 1988: 2.25% of Earnings plus 0.75% of Earnings in excess of Covered Compensation for each year of Credited Service.

Accrued benefits were frozen as of January 1, 2007 for Employees who elected to participate in the Defined Contribution plan in 2006. The benefits for all other nonunion participants were frozen as of December 31, 2009.

### Normal Retirement Date

The first day of the month coinciding with or next following the attainment of Social Security Normal Retirement Age.

### Normal Retirement Age

Age 65 for Participants born before 1938, age 66 for Participants born after 1937 but prior to 1955, and age 67 for Participants born after 1954.

### Early Retirement Eligibility

The first day of the month following the date the Participant attains age 55 with at least 5 Years of Service.

### Early Retirement Benefit

Benefits are determined the same as for normal retirement, considering actual Earnings and years of Credited Service at the date of retirement, and reduced for early benefit commencement according to the following table:

Age	Year of Birth		
	Before 1938	1938-1954	After 1954
67	1.0000	1.0000	1.0000
66	1.0000	1.0000	.9333
65	1.0000	.9333	.8667
64	.9333	.8667	.8000
63	.8667	.8000	.7467
62	.8000	.7333	.6933
61	.7333	.6800	.6400
60	.6667	.6267	.5867
59	.6133	.5733	.5333
58	.5600	.5200	.4933
57	.5067	.4800	.4533
56	.4667	.4400	.4133
55	.4267	.4000	.3733

Participants whose age plus Years of Service equals at least 85, and who are eligible for early retirement, may receive an unreduced benefit immediately upon termination or at age 62 while employed.

### Deferred Retirement Benefit

A Participant may defer retirement after Normal Retirement Age and continue to accrue benefits until the Deferred Retirement Date. The benefit will not be less than the benefit which would have been payable had the Participant retired on his Normal Retirement Date, actuarially increased for late retirement.

### Death Benefit Eligibility

Vested Participants who were married throughout the one-year period ending on the date of the Participant's death.

### **Death Benefit**

Survivor portion of a 100% Joint and Survivor annuity.

### **Normal Form of Payment**

- Unmarried Participant: Single life annuity
- Married Participant: Actuarially equivalent 100% Joint and Survivor Annuity

### **Optional Forms of Payment**

- Single Life Annuity
- 50% Joint and Survivor Annuity
- Social Security Adjustment Annuity
- Partial Lump Sum (with some restrictions)

Optional forms are Actuarially Equivalent to a Single Life Annuity converted with UP84 (setback 3 years for the participant; no setback for the beneficiary) and 7.00% interest.

### **Changes in Plan Provisions**

There were no plan changes since the prior valuation.

2024 Schedule SB, Line 24 – Changes in Actuarial Assumptions  
Swedish Health Services Retiree Pension Plan  
EIN/PN: 91-0433740/002

### **Changes in Actuarial Assumptions**

The non-prescribed actuarial methods and assumptions used in this valuation are the same as those used in the prior valuation except as follows:

- The annual administrative expense was decreased from \$140,000 plus PBGC premiums to \$100,000 plus PBGC premiums.