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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div><br><br><b>This Form is Open to Public Inspection</b> |
|---|---|--|

|  |  |
|--|--|
| <b>Part I</b>  | <b>Annual Report Identification Information</b>  |
| For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u> |  |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| <b>B</b> This return/report is:  | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)  |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>   |
| <b>D</b> Check box if filing under:  | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)   |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>Part II</b>   | <b>Basic Plan Information—enter all requested information</b>   |   |  |   |  |
| <b>1a</b> Name of plan<br><u>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN</u>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>501</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>10/01/1970</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>501</u>   | <b>1c</b> Effective date of plan<br><u>10/01/1970</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶   | <u>501</u>  |   |  |   |  |
| <b>1c</b> Effective date of plan<br><u>10/01/1970</u>  |   |   |  |   |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>DESERET MUTUAL BENEFIT ADMINISTRATORS</u><br><br><div style="display: flex; justify-content: space-between;"> <div><u>PO BOX 45530</u><br/><u>SALT LAKE CITY, UT 84145</u></div> <div><u>150 SOCIAL HALL AVENUE, SUITE 170</u><br/><u>SLC, UT 84245</u></div> </div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>87-0440163</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>801-578-5795</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>524290</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>87-0440163</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>801-578-5795</u> | <b>2d</b> Business code (see instructions)<br><u>524290</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>87-0440163</u>  |   |   |  |   |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>801-578-5795</u>   |   |   |  |   |  |
| <b>2d</b> Business code (see instructions)<br><u>524290</u>  |   |   |  |   |  |

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

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

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2021 | MICHAEL J. RASBAND   |
|                  | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | <b>Signature of DFE</b>                           | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2020)  
v. 200204

|  |  |  |
|--|--|--|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br><b>DESERET MUTUAL BENEFIT ADMINISTRATORS</b><br><br><b>PO BOX 45530</b><br><b>SALT LAKE CITY, UT 84145</b>  |  | <b>3b</b> Administrator's EIN<br><b>87-0440163</b>   |
|  |  | <b>3c</b> Administrator's telephone number<br><b>801-578-5795</b>  |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   |  | <b>4b</b> EIN<br><br><b>4d</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year  |  | <b>5</b> <b>33666</b>  |
| <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>6a(1)</b> <b>20599</b>  |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  |  | <b>6a(2)</b> <b>20087</b>  |
| <b>b</b> Retired or separated participants receiving benefits.....   |  | <b>6b</b> <b>11182</b>   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   |  | <b>6c</b> <b>0</b>   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  |  | <b>6d</b> <b>31269</b>   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....   |  | <b>6e</b> <b>2143</b>  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  |  | <b>6f</b>  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....  |  | <b>6g</b>  |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....   |  | <b>6h</b>  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....  |  | <b>7</b>   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:<br><b>4A 4B 4D 4E 4F 4H</b>  |  |  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)  |  |  |
| <b>a Pension Schedules</b><br><b>(1)</b> <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input checked="" type="checkbox"/> <b>6</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

|   |  |     |
|---|--|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020      |  |     |
| A Name of plan<br>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN                                     | B Three-digit plan number (PN) ▶                     | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DESERET MUTUAL BENEFIT ADMINISTRATORS | D Employer Identification Number (EIN)<br>87-0440163 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
BEACON HEALTH OPTIONS, INC.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 54-1414194 | 62199         | 0000000000000000                      | 38464   | 01/01/2020              | 12/31/2020 |

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

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

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

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

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

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

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

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)**(4) Transferred from separate account..... **7c(4)**(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions ..... **7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**(2) Administration charge made by carrier..... **7e(2)**(3) Transferred to separate account..... **7e(3)**(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions ..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 321524 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |        |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

|   |  |
|---|--|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020      |  |
| A Name of plan<br>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN                                     | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DESERET MUTUAL BENEFIT ADMINISTRATORS | D Employer Identification Number (EIN)<br>87-0440163 |

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

1 Coverage Information:

(a) Name of insurance carrier  
KAISER FOUNDATION HEALTH PLAN INC

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 94-1340523 | 0             | 107572                                | 606   | 01/01/2020              | 12/31/2020 |

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

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

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

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

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

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

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



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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

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

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

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

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

|          |  |              |  |
|----------|--|--------------|--|
| <b>b</b> | Balance at the end of the previous year .....  | <b>7b</b>    |  |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |  |
|          | (2) Dividends and credits.....   | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year.....   | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account.....   | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....  | <b>7c(5)</b> |  |
|          | ▶  |              |  |
|          | (6) Total additions .....  | <b>7c(6)</b> |  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |  |
| <b>e</b> | Deductions:  |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier.....   | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account.....   | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....  | <b>7e(4)</b> |  |
|          | ▶  |              |  |
|          | (5) Total deductions .....   | <b>7e(5)</b> |  |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |  |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |         |
|---|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 3549258 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |         |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

|   |  |
|---|--|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020      |  |
| A Name of plan<br>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN                                     | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DESERET MUTUAL BENEFIT ADMINISTRATORS | D Employer Identification Number (EIN)<br>87-0440163 |

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

1 Coverage Information:

(a) Name of insurance carrier  
KAISER FOUNDATION HEALTH PLAN INC

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 94-1340523 | 00000         | 33049                                 | 230   | 01/01/2020              | 12/31/2020 |

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

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

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

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

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

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

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

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

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

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

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

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

|          |  |              |  |
|----------|--|--------------|--|
| <b>b</b> | Balance at the end of the previous year .....  | <b>7b</b>    |  |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |  |
|          | (2) Dividends and credits.....   | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year.....   | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....  | <b>7c(5)</b> |  |
|          | ▶  |              |  |
|          | (6) Total additions .....  | <b>7c(6)</b> |  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |  |
| <b>e</b> | Deductions:  |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier.....   | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....  | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....  | <b>7e(4)</b> |  |
|          | ▶  |              |  |
|          | (5) Total deductions .....   | <b>7e(5)</b> |  |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |  |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |         |
|---|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 1686270 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |         |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

|   |  |
|---|--|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020      |  |
| A Name of plan<br>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN                                     | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DESERET MUTUAL BENEFIT ADMINISTRATORS | D Employer Identification Number (EIN)<br>87-0440163 |

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

1 Coverage Information:

(a) Name of insurance carrier  
KAISER FOUNDATION HEALTH PLAN OF HAWAII

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 94-1340523 | 60053         | 3568                                  | 379   | 01/01/2020              | 12/31/2020 |

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

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

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

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

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

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

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



---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

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

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

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

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

|          |  |              |  |
|----------|--|--------------|--|
| <b>b</b> | Balance at the end of the previous year .....  | <b>7b</b>    |  |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |  |
|          | (2) Dividends and credits.....   | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year.....   | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account.....   | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....  | <b>7c(5)</b> |  |
|          | ▶  |              |  |
|          | (6) Total additions .....  | <b>7c(6)</b> |  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |  |
| <b>e</b> | Deductions:  |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier.....   | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account.....   | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....  | <b>7e(4)</b> |  |
|          | ▶  |              |  |
|          | (5) Total deductions .....   | <b>7e(5)</b> |  |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |  |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |         |
|---|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 2022386 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |         |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

|   |  |
|---|--|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020      |  |
| A Name of plan<br>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN                                     | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DESERET MUTUAL BENEFIT ADMINISTRATORS | D Employer Identification Number (EIN)<br>87-0440163 |

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

1 Coverage Information:

(a) Name of insurance carrier  
MAPFRE LIFE INSURANCE COMPANY OF PR

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 66-0402309 | 77054         | 356745-002                            | 10  | 01/01/2020              | 12/31/2020 |

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

|  |                                    |
|--|------------------------------------|
| (a) Total amount of commissions paid<br>6412 | (b) Total amount of fees paid<br>0 |
|--|------------------------------------|

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
MULTI AGENT SYSTEM CORP  
PO BOX 1306  
BAYAMON, PUERTO RICO 00960-1306 PR

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 6412  |                                 |             | 3                     |

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

|          |   |          |  |
|----------|---|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

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

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

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

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

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

|          |  |              |  |
|----------|--|--------------|--|
| <b>b</b> | Balance at the end of the previous year .....  | <b>7b</b>    |  |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |  |
|          | (2) Dividends and credits.....   | <b>7c(2)</b> |  |
|          | (3) Interest credited during the year.....   | <b>7c(3)</b> |  |
|          | (4) Transferred from separate account .....  | <b>7c(4)</b> |  |
|          | (5) Other (specify below) .....  | <b>7c(5)</b> |  |
|          | ▶  |              |  |
|          | (6) Total additions .....  | <b>7c(6)</b> |  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |  |
| <b>e</b> | Deductions:  |              |  |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> |  |
|          | (2) Administration charge made by carrier.....   | <b>7e(2)</b> |  |
|          | (3) Transferred to separate account .....  | <b>7e(3)</b> |  |
|          | (4) Other (specify below) .....  | <b>7e(4)</b> |  |
|          | ▶  |              |  |
|          | (5) Total deductions .....   | <b>7e(5)</b> |  |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |  |

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |        |
|---|------------|--------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 128243 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |        |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div> |
|---|--|--|

|   |  |
|---|--|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020      |  |
| A Name of plan<br>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN                                     | B Three-digit plan number (PN) ▶ 501                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DESERET MUTUAL BENEFIT ADMINISTRATORS | D Employer Identification Number (EIN)<br>87-0440163 |

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

1 Coverage Information:

(a) Name of insurance carrier  
VISION SERVICE PLAN

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 06-1227840 | 39616         | 30043025                              | 14870   | 01/01/2020              | 12/31/2020 |

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

|  |                                    |
|--|------------------------------------|
| (a) Total amount of commissions paid<br>220234 | (b) Total amount of fees paid<br>0 |
|--|------------------------------------|

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

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

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
| 220234  |                                 |             | 3                     |

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

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



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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|--|---------------------------------|--------------------|---------------------------------|
|  | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|  |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**(2) Dividends and credits..... **7c(2)**(3) Interest credited during the year..... **7c(3)**(4) Transferred from separate account..... **7c(4)**(5) Other (specify below) ..... **7c(5)**

▶

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

▶

(5) Total deductions ..... **7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|   |            |         |
|---|------------|---------|
| <b>a</b> Total premiums or subscription charges paid to carrier .....   | <b>10a</b> | 3148844 |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....<br>Specify nature of costs. | <b>10b</b> |         |

**Part IV Provision of Information**

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

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

|   |  |  |
|---|--|--|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|   |  | <b>2020</b>                                    |
|   |  | <b>This Form is Open to Public Inspection.</b> |

|  |   |     |
|--|---|-----|
| For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020             |   |     |
| <b>A</b> Name of plan<br>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN                                     | <b>B</b> Three-digit plan number (PN) ▶                     | 501 |
|  |   |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>DESERET MUTUAL BENEFIT ADMINISTRATORS | <b>D</b> Employer Identification Number (EIN)<br>87-0440163 |     |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| AMG FUNDS LLC   |
| 06-1298481  |

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| ARTISAN PARTNERS LIMITED PARTNERSHI   |
| 30-0551775  |

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| BLACKROCK ADVISORS LLC  |
| 23-2784752  |

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CBF MANAGER LP  |
| 82-3608385  |

---

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

---

CHARLESBANK CAPITAL PARTNERS LLC

200 CLARENDON STREET  
54TH FLOOR  
BOSTON, MA 02116

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

---

CLARION PARTNERS LLC

47-2899295

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

---

DELAWARE MANAGEMENT COMPANY

23-2859589

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

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DIMENSIONAL FUND ADVISORS LP

30-0447847

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

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FIERA CAPITAL INC

375 PARK AVENUE  
8TH FLOOR  
NEW YORK, NY 10152

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

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FRONTEGRA ASSET MANAGEMENT INC

36-3968668

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

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GMO

56-2427157

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

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GOLDMAN SACHS ASSET MANAGEMENT

13-3575636

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

---

GOLDPOINT PARTNERS LLC

13-5582869

---

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

---

GRANDEUR PEAK GLOBAL ADVISORS

90-0732232

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

---

HARRISON STREET ADVISORS LLC

45-3147571

---

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

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JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

---

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

---

LEVINE LEIGHTMAN CAPITAL PARTNERS I

95-4475693

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

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LORD ABBETT AND CO LLC

13-5620131

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

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MFS

111 HUNTINGTON AVE  
BOSTON, MA 02199

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

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THE VANGUARD GROUP INC

23-1945930

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

---

TOUCHSTONE ADVISORS INC

31-1394672

---

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

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VAN ECK ASSOCIATES CORPORATION

666 THIRD AVENUE  
9TH FLOOR  
NEW YORK, NY 10017

---

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

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VOYA INVESTMENTS LLC

52-2125227

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

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

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

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

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

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

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

UNITED HEALTHCARE INSURANCE CO

115 WEST WAUSAU AVE  
WAUSAU, WI 54401

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 2781554  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHANGE HEALTHCARE SOLUTIONS LLC

45-3637794

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 779451   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CHANGE HEALTHCARE ENGAGEMENT SOLUTI

PO BOX 572490  
MURRAY, UT 84157

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 345844   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |



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

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

RX SAVINGS SOLUTIONS

26-3642434

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 337000   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

METLIFE

13-5581829

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 13 50               | NA  | 254145   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HEALTHTRIO LLC

26-0725535

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 195560   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

ZIONS

ONE SOUTH MAIN  
11TH FLOOR  
SALT LAKE CITY, UT 84133

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 191154   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DELOITTE

13-3891517

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NA  | 144409   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GDIT

PO BOX 829968  
PHILADELPHIA, PA 19182

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 122026   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PSG CONSULTING LLC

27-2345574

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 116235   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

KIRTON MCCONKIE

87-0375296

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50                  | NA  | 76341  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SIDLEY AUSTIN LLP

36-4474078

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 63087  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

INSPIRED PERSPECTIVES LLC

37-1605756

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 46924  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

RJ HEALTH SYSTEMS

30 COLD SPRINGS RD  
ROCKY HILL, CT 06067

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 25884  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ZAZOVE ASSOCIATES LLC

36-3984373

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51 68                  | NA  | 25305  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

MDX

99-0283091

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 22852  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

DESERET TRUST COMPANY

87-0291656

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 72                  | AFFILIATE OF SPONSOR  | 15936  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BMO ASSET MANAGEMENT CORP

36-3673844

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51 68                  | NA  | 15603  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

EAGLE CAPITAL MANAGEMENT

22-3361201

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51 68                  | NA  | 11257  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

LSV ASSET MANAGEMENT

23-2772200

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51                     | NA  | 10242  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FACTSET RESEARCH SYSTEMS INC

PO BOX 414756  
BOSTON, MA 02241

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 9672   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

DELOITTE TAX

86-1065772

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50                  | NA  | 9100   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FISHER INVESTMENTS

20-2480800

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51                     | NA  | 8480   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

BLOOMBERG FINANCE LP

731 LEXINGTON AVE  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 7332   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

CLEARWATER ANALYTICS

777 WEST MAIN STREET STE 900  
BOISE, ID 83702

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 7043   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

IMAXSOFT CORPORATION

PO BOX 1222  
CUPERTINO, CA 95015

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50                  | NA  | 7000   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRUDENTIAL INSURANCE CO

22-1211670

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51 52                  | NA  | 5636   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |



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

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

STATE STREET GLOBAL ADVISORS TRUST

81-4017137

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 51 52 19               | NA  | 3242   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2020</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN</u>  | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>501</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>DESERET MUTUAL BENEFIT ADMINISTRATORS</u> | <b>D</b> Employer Identification Number (EIN)<br><u>87-0440163</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><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SS RAFI US NON-LENDING COMMON TRUST

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>94-3407017-001</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5814842</u> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PAM BANK LOAN FUND LP

**b** Name of sponsor of entity listed in (a): PAM BANK LOAN GP LLC

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <u>46-5076716-001</u> | <b>d</b> Entity code <u>E</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3627229</u> |
|---------------------------------------|-------------------------------|--|

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

**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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

|                 |                      |   |
|-----------------|----------------------|---|
| <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):

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

**Part II Information on Participating Plans (to be completed by DFEs)**

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

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2020</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2020 or fiscal plan year beginning <b>01/01/2020</b> and ending <b>12/31/2020</b>   |  |   |
| <b>A</b> Name of plan<br><b>DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN</b>  | <b>B</b> Three-digit plan number (PN) <b>►</b>   | <b>501</b>  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DESERET MUTUAL BENEFIT ADMINISTRATORS</b>  | <b>D</b> Employer Identification Number (EIN)<br><b>87-0440163</b>   |   |

| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|
|---------------|--------------------------------------|

**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.

| <b>Assets</b>  |                 | <b>(a) Beginning of Year</b> | <b>(b) End of Year</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>    | 405601                       | 567291                 |
| <b>(2)</b> Participant contributions.....  | <b>1b(2)</b>    |                              |                        |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 37135936                     | 42118431               |
| <b>c</b> General investments:  |                 |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 27866889                     | 33643696               |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 2850684                      | 355449                 |
| <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> | 19320619                     | 19826050               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                              |                        |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 252593                       | 613262                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 5706196                      | 9357741                |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 15851517                     | 27018257               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 21820941                     | 22647033               |
| <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>    | 4290245                      | 5814842                |
| <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>   |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 3535041                      | 3627229                |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 183209333                    | 250758653              |
| <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>   | 48986                        | 47063                  |



|                    |  | (a) Beginning of Year | (b) End of Year     |
|--------------------|--|-----------------------|---------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                     |
| (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>             | 322294581 416394997 |
| <b>Liabilities</b> |  |                       |                     |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             | 75981093 75990100   |
| <b>h</b>           | Operating payables .....   | <b>1h</b>             | 8771432 9160469     |
| <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>             | 84752525 85150569   |
| <b>Net Assets</b>  |  |                       |                     |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 237542056 331244428 |

**Part II Income and Expense Statement**

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

|               |  | (a) Amount      | (b) Total |
|---------------|--|-----------------|-----------|
| <b>Income</b> |  |                 |           |
| <b>a</b>      | <b>Contributions:</b>  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 413831832 |
|               | <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> | 100026921 |
|               | <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 16558529  |
| (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>    | 530417282 |
| <b>b</b>      | <b>Earnings on investments:</b>  |                 |           |
| (1)           | Interest:  |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | 149553    |
|               | <b>(B)</b> U.S. Government securities .....  | <b>2b(1)(B)</b> | -6149     |
|               | <b>(C)</b> Corporate debt instruments .....  | <b>2b(1)(C)</b> | 863588    |
|               | <b>(D)</b> Loans (other than to participants) .....  | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |           |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 1006992   |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....   | <b>2b(2)(A)</b> | 24786     |
|               | <b>(B)</b> Common stock .....  | <b>2b(2)(B)</b> | 136747    |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 6893952   |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 7055485   |
| (3)           | Rents .....  | <b>2b(3)</b>    | 667769    |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 113153244 |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 103591128 |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 9562116   |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 140564    |
|               | <b>(B)</b> Other .....   | <b>2b(5)(B)</b> | 5849344   |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 5989908   |

|   |        | (a) Amount | (b) Total |
|---|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            | 92188     |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 7839808   |
| c Other income .....  | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....                | 2d     |            | 562631548 |

**Expenses****e** Benefit payment and payments to provide benefits:

|   |       |           |           |
|---|-------|-----------|-----------|
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) |           |           |
| (2) To insurance carriers for the provision of benefits .....                       | 2e(2) | 26656802  |           |
| (3) Other.....  | 2e(3) | 425730991 |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                       | 2e(4) |           | 452387793 |
| f Corrective distributions (see instructions) .....                                 | 2f    |           |           |
| g Certain deemed distributions of participant loans (see instructions).....         | 2g    |           |           |
| h Interest expense.....   | 2h    |           |           |
| i Administrative expenses: (1) Professional fees .....                              | 2i(1) | 463613    |           |
| (2) Contract administrator fees .....   | 2i(2) | 10929926  |           |
| (3) Investment advisory and management fees .....                                   | 2i(3) | 271138    |           |
| (4) Other.....  | 2i(4) | 4876706   |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                | 2i(5) |           | 16541383  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |           | 468929176 |

**Net Income and Reconciliation**

|  |       |  |          |
|--|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 93702372 |
| l Transfers of assets:                                   |       |  |          |
| (1) To this plan.....                                    | 2l(1) |  |          |
| (2) From this plan .....                                 | 2l(2) |  |          |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|  | Yes | No | Amount  |
|--|-----|----|---------|
| <b>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.) ..... |     |    |         |
| <b>4b</b>  |     | 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.) .....   |     |    |         |
| <b>4c</b>  |     | 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.) .....  |     |    |         |
| <b>4d</b>  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....   | X   |    | 3000000 |
| <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>4f</b>  |     | 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? .....   |     |    |         |
| <b>4g</b>  |     | 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? .....   |     |    |         |
| <b>4h</b>  |     | 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>4i</b>  | 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>4j</b>  | 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>4k</b>  |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   |     | X  |         |
| <b>4l</b>  |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....   |     | X  |         |
| <b>4m</b>  |     | X  |         |
| <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. ....   |     |    |         |
| <b>4n</b>  |     |    |         |

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

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

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

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

# Deseret Healthcare Employee Benefits Plan

Employer ID No: 87-0440163  
Plan Number: 501

Financial Statements as of December 31, 2020 and 2019,  
and for the Year Ended December 31, 2020,  
Supplemental Schedules as of and for the  
Year Ended December 31, 2020, and  
Independent Auditors' Report

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

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| NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules<br>and Regulations for Reporting and Disclosure under the Employee Retirement Income<br>Security Act of 1974 have been omitted because they are not applicable. |             |

## **INDEPENDENT AUDITORS' REPORT**

Board of Directors  
Deseret Mutual Benefit Administrators:

We have audited the accompanying financial statements of the Deseret Healthcare Employee Benefits Plan (the "Plan"), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2020 and 2019, and the related statements of changes in net assets available for benefits and changes in benefit obligations for the year ended December 31, 2020, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

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

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements 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, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

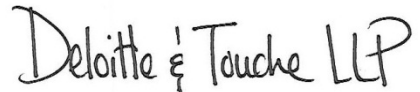
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of the Deseret Healthcare Employee Benefits Plan as of December 31, 2020 and 2019, and the changes in its financial status for the year ended December 31, 2020, in accordance with accounting principles generally accepted in the United States of America.

## Report on Supplemental Schedules

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules as of and for the year ended December 31, 2020, listed in the Table of Contents, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. These schedules are the responsibility of the Plan's management and are derived from and relate directly to the underlying accounting and other records used to prepare the financial statements. Such schedules have been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated in all material respects in relation to the financial statements as a whole.

The image shows a handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

October 15, 2021

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2020 AND 2019

(In thousands)

|  | 2020              | 2019              |
|--|-------------------|-------------------|
| ASSETS:  |                   |                   |
| Investments—at fair value:   |                   |                   |
| US government securities   | \$ 355            | \$ 2,851          |
| Corporate debt securities  | 18,868            | 18,137            |
| Common stocks  | 8,830             | 5,252             |
| Preferred stocks   | 608               | 253               |
| Collective trusts  | 5,815             | 4,290             |
| Commingled fund  | -                 | 3,535             |
| Registered investment companies  | 250,669           | 183,209           |
| Limited partnerships   | 30,646            | 15,851            |
| Real estate funds  | 22,647            | 21,821            |
| Other  | 47                | 49                |
| Securities on loan—pledged to creditors  | 1,581             | 1,637             |
| Collateral held under securities lending agreements  | 1,359             | 1,432             |
|  | <u>341,425</u>    | <u>258,317</u>    |
| Total investments  |                   |                   |
| Net assets held in Deseret Mutual Employee<br>Pension Plan Trust restricted for 401(h) account | 23,926            | 20,363            |
| Cash and cash equivalents  | 32,285            | 26,435            |
| Accrued investment income  | 183               | 230               |
| Contributions receivable   | 568               | 406               |
| Amounts recoverable from third-party insurers  | 20,973            | 15,886            |
| Other receivables  | 20,961            | 21,020            |
|  | <u>440,321</u>    | <u>342,657</u>    |
| Total assets   |                   |                   |
| LIABILITIES:   |                   |                   |
| Obligations under securities lending agreements  | 1,359             | 1,432             |
| Accrued expenses and other liabilities   | 7,801             | 7,339             |
|  | <u>9,160</u>      | <u>8,771</u>      |
| Total liabilities  |                   |                   |
| NET ASSETS AVAILABLE FOR BENEFITS  | <u>\$ 431,161</u> | <u>\$ 333,886</u> |

See notes to financial statements.



## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2020

(In thousands)

#### ADDITIONS:

##### Contributions:

|                              |                |
|------------------------------|----------------|
| Plan sponsors                | \$ 413,832     |
| Active and retired employees | 100,027        |
| Third-party reimbursements   | 16,559         |
| Total contributions          | <u>530,418</u> |

##### Investment income:

|   |               |
|---|---------------|
| Net appreciation in fair value of investments | 23,392        |
| Interest                                      | 1,099         |
| Dividends                                     | 7,055         |
| Rents   | 668           |
| Net investment income                         | <u>32,214</u> |

|  |              |
|--|--------------|
| Net increase in net assets of 401(h) account | <u>3,563</u> |
|--|--------------|

|                 |                |
|-----------------|----------------|
| Total additions | <u>566,195</u> |
|-----------------|----------------|

#### DEDUCTIONS—Payments for benefits and claims:

|   |                |
|---|----------------|
| Health, dental, prescription drug, and disability | 415,112        |
| Death   | (210)          |
| Policyholder funds                                | 10,820         |
| Benefits and claims payments                      | <u>425,722</u> |

|                      |        |
|----------------------|--------|
| HMO premiums         | 10,857 |
| Reinsurance premiums | 15,800 |

|                                      |               |
|--------------------------------------|---------------|
| Premiums paid to insurance companies | <u>26,657</u> |
|--------------------------------------|---------------|

|                         |               |
|-------------------------|---------------|
| Administrative expenses | <u>16,541</u> |
|-------------------------|---------------|

|                  |                |
|------------------|----------------|
| Total deductions | <u>468,920</u> |
|------------------|----------------|

|                              |        |
|------------------------------|--------|
| NET INCREASE DURING THE YEAR | 97,275 |
|------------------------------|--------|

#### NET ASSETS AVAILABLE FOR BENEFITS:

|                   |                   |
|-------------------|-------------------|
| Beginning of year | <u>333,886</u>    |
| End of year       | <u>\$ 431,161</u> |

See notes to financial statements.

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

### STATEMENTS OF PLAN'S BENEFIT OBLIGATIONS AS OF DECEMBER 31, 2020 AND 2019 (In thousands)

|  | 2020                | 2019                |
|--|---------------------|---------------------|
| AMOUNTS CURRENTLY PAYABLE:   |                     |                     |
| Claims payable to benefit providers and beneficiaries  | \$ 2,573            | \$ 1,816            |
| Claims incurred but not reported and policy reserves   | <u>73,417</u>       | <u>74,165</u>       |
| Total currently payable  | <u>75,990</u>       | <u>75,981</u>       |
| POSTEMPLOYMENT BENEFIT OBLIGATIONS—Net of amounts currently payable—long-term medical and life benefits for disabled employees and surviving spouses | <u>63,354</u>       | <u>59,456</u>       |
| POSTRETIREMENT BENEFIT OBLIGATIONS—  |                     |                     |
| Net of amounts currently payable:  |                     |                     |
| Retired participants   | 395,907             | 357,891             |
| Other participants fully eligible for benefits   | 215,553             | 206,917             |
| Participants not yet fully eligible for benefits   | <u>410,129</u>      | <u>386,811</u>      |
| Total postretirement benefit obligations   | <u>1,021,589</u>    | <u>951,619</u>      |
| PLAN'S TOTAL BENEFIT OBLIGATIONS   | <u>\$ 1,160,933</u> | <u>\$ 1,087,056</u> |

See notes to financial statements.

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

### STATEMENT OF CHANGES IN PLAN'S BENEFIT OBLIGATIONS FOR THE YEAR ENDED DECEMBER 31, 2020

(In thousands)

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#### AMOUNTS CURRENTLY PAYABLE:

|   |                  |
|---|------------------|
| Balance—beginning of year   | \$ 75,981        |
| Claims reported and approved for payment—including benefits reclassified from postemployment and postretirement benefit obligations | 427,154          |
| Change in claims incurred but not reported  | (1,423)          |
| Claims paid   | <u>(425,722)</u> |
| Balance—end of year   | <u>75,990</u>    |

#### POSTEMPLOYMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:

|   |               |
|---|---------------|
| Balance—beginning of year                                       | 59,456        |
| Increase (decrease) in postemployment benefits attributable to: |               |
| Benefits earned   | 6,368         |
| Benefits reclassified to amounts currently payable              | (14,250)      |
| Interest  | 1,572         |
| Changes in actuarial assumptions                                | 3,070         |
| Actuarial (gains) and losses and other changes                  | <u>7,138</u>  |
| Balance—end of year   | <u>63,354</u> |

#### POSTRETIREMENT BENEFIT OBLIGATIONS—Net of amounts currently payable:

|   |                  |
|---|------------------|
| Balance—beginning of year   | 951,619          |
| Increase (decrease) in postretirement benefits during the year attributable to: |                  |
| Benefits earned   | 26,906           |
| Benefits reclassified to amounts currently payable                              | (30,103)         |
| Interest  | 29,079           |
| Changes in actuarial assumptions  | 37,889           |
| Actuarial (gains) and losses and other changes                                  | <u>6,199</u>     |
| Balance—end of year   | <u>1,021,589</u> |

|   |                            |
|---|----------------------------|
| PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR | <u><u>\$ 1,160,933</u></u> |
|---|----------------------------|

See notes to financial statements.

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

## NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2020 AND 2019, AND  
FOR THE YEAR ENDED DECEMBER 31, 2020

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### 1. DESCRIPTION OF THE PLAN

The following description of the Deseret Healthcare Employee Benefits Plan (the “Plan”) provides only general information. Participants should refer to the plan agreement for a complete description of the Plan’s provisions.

**General**—The Plan is a qualified employee health and welfare benefit plan for the benefit of companies and organizations affiliated with The Church of Jesus Christ of Latter-day Saints (the “Affiliate Organizations” or “Plan Sponsors”). The Plan offers group accident and health, group term life, long-term disability, waiver of premium and accidental death and dismemberment insurance coverages to substantially all eligible active and retired employees. Employee eligibility is based on each participating employer’s eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Deseret Mutual Benefit Administrators (DMBA) is the Plan trustee for the Deseret Healthcare Employee Benefits Trust (the “Trust”), which holds the assets for the Plan. DMBA is licensed as a Third-Party Administrator with the State of Utah. DMBA provides the Plan with management and administrative services. DMBA is a nonprofit corporation affiliated with The Church of Jesus Christ of Latter-day Saints and provides additional administrative services for the Plan Sponsors. The majority of the directors and officers of DMBA are also officers or employees of the Plan Sponsors.

**Benefits**—The Plan provides life insurance benefits as well as health benefits (such as medical, hospital, and dental), including a paid prescription program and health maintenance organization coverage to employees who are regularly scheduled to work at least 30 hours per week and qualified dependents and spouses. The basic life insurance benefit for current employees and retirees is \$50,000 and \$12,000, respectively. Supplemental life insurance is available for an additional premium for up to six times an employee’s salary, to a maximum of \$1,000,000. Medical benefits are generally subject to individual and family deductibles as well as co-payment of expenses up to a defined limit.

The Plan also provides a long-term disability benefit for employees who are eligible for health benefits. Participants can receive payments of up to 67% of eligible compensation upon proof of temporary or permanent disability.

Continuation coverage is available through the Plan with certain time limitations to eligible employees whose employment is interrupted because of furlough, suspension or dismissal and employees whose hours are reduced to the extent that the employee is no longer eligible for benefits. Continuation coverage is subject to the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). The Plan also offers life insurance conversion privileges.

DMBA processes all benefit claims for the Plan except for long-term disability and prescription drug benefits, which are paid by two outsourced service providers and then reimbursed by the Plan. The Plan pays premiums to several health maintenance organizations to provide coverage of health benefits

for participants who elect coverage outside the options provided directly by the Plan. The Plan also pays premiums to other insurance providers under risk sharing arrangements that limit the Plan's exposure for life, long-term disability, and group health benefits (see Note 4).

The Plan provides postretirement medical, dental, and life insurance benefits to full-time employees who meet minimum age and service requirements. These benefits extend to surviving spouses.

**Contributions**—The Plan is funded by premium contributions from Plan Sponsors and participating active and retired employees. Premium contribution amounts are determined annually by the Plan's actuaries and approved by the Board of Trustees.

Premiums related to postretirement benefits are shared by the Plan Sponsors and participating retirees. In addition to deductibles, coinsurance, and copayments, participating retirees' contributions in the current and prior year are described below. As of December 31, 2020 and 2019, retirees pay the cost of providing their postretirement benefits in excess of the employer's contribution as specified in the following abbreviated schedule of employer contribution "caps" (the schedule shows only the amounts for retirees with single coverage):

| Participants<br>Years   | Retiring<br>Ages | Service       | January 1, 2021<br>Retiree Contribution                            |  |  | January 1, 2020<br>Retiree Contribution                   |  |  |
|---|------------------|---------------|--|--|--|---|--|--|
|   |                  |               | Pre-65<br>Medical  | Post-65<br>Medical   | Life<br>Insurance                                | Pre-65<br>Medical   | Post-65<br>Medical   | Life<br>Insurance                                |
| Pre-1992  | 65 or later      | 5 plus years  | Excess of \$421 per month, or about 30% of the total cost          | Excess of \$110 to \$160 per month (by age*), or about 54% of the total cost | Excess of \$30 per month (26% of the total cost) | Excess of \$415 per month, or about 31% of the total cost | Excess of \$104 to \$154 per month (by age*), or about 54% of the total cost | Excess of \$30 per month (31% of the total cost) |
| 1992–1996   | 55 or later      | 10 plus years |  |  |  |   |  |  |
| 1997 and after  | 55 or later      | 20 plus years |  |  |  |   |  |  |
| Grading down by years of service to the following minimum service requirements: |                  |               | Caps grade down to the following minimum employer premium amounts: |  |  |   |  |  |
| 1992–1996   | 55 or later      | 5 years       | Excess of \$211 per month, or about 65% of the total cost          | Excess of \$55 to \$105 per month (by age*), or about 77% of the total cost  | Excess of \$15 per month (63% of the total cost) | Excess of \$208 per month, or about 65% of the total cost | Excess of \$52 to \$102 per month (by age*), or about 77% of the total cost  | Excess of \$15 per month (65% of the total cost) |
| 1997 and after  | 55 or later      | 10–11 years   |  |  |  |   |  |  |

\* Employer contributes an additional \$50 per month for retirees who were age 80 and above as of August 1, 2004.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Presentation**—The accompanying financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (GAAP).

**Use of Estimates**—The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual amounts could differ from those estimates. Estimated valuations are developed for investments in real estate funds and limited partnerships as well as certain debt and equity securities. Additional disclosures regarding these estimates are provided in Note 5. Estimates are also used in the valuation of liabilities under insurance policies, life and other contingencies.

**Risks and Uncertainties**—The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

In January 2020, the World Health Organization (WHO) announced a global health emergency due to a new strain of coronavirus (“COVID-19”) originating in Wuhan, China and the risk to the international community as the virus spread beyond its point of origin. In March 2020, the WHO classified COVID-19 as a pandemic, due to its rapid spread and severity. Remaining impacts of the COVID-19 pandemic on market conditions are difficult to predict. Because the values of the Plan’s individual investments have and will fluctuate in response to changing market conditions, the ultimate impact of the pandemic on the Plan’s net assets available for benefits, and changes in net assets available for benefits are uncertain.

The actuarial present value of postemployment and postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimations and assumptions in the near term could materially affect the financial statements.

**Claims Incurred But Not Reported**—The Plan’s liability for active participant claims incurred but unreported at year-end is estimated using actuarial methods that use historical trend information developed through studies of medical claim lag patterns incurred in the prior years. Factors were then applied to paid claims amounts to estimate claims incurred but not reported at year-end. The estimated liabilities for retired participants’ health claims incurred but unreported as of December 31, 2020 and 2019, are included in the postretirement benefit obligation. These amounts are paid by the Plan only if claims are submitted and approved for payment.

**Claims Paid**—Claims are recorded as paid when paid by the claims administrator.

**Investment Valuation and Income Recognition**—Plan assets are contained in the Trust. The Plan’s investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for description of valuation methods.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Investment income is reported gross of investment expenses and includes net appreciation, which represents the Plan’s gains and losses on investments bought and sold as well as held during the year. Realized gains or losses on disposal of domestic equity securities, are determined on a weighted average cost basis. Realized gains or losses on disposal of real estate funds and limited partnerships are determined on a specific identification basis. Realized gains or losses on all other investments are determined on a first-in-first-out cost basis.

**Obligations under Securities Lending Arrangements**—The Plan participates in securities lending agreements, whereby certain securities are loaned and the Plan receives cash from the borrower, which serves as collateral. The Plan does not have the right to sell or pledge the collateral. Securities loaned are included in securities on loan—pledged to creditors in the financial statements and are stated at fair value. The fair value of securities loaned is measured against the cash collateral received on a daily basis.

At December 31, 2020 and 2019, approximately \$1.6 million of the Plan's securities were on loan under the securities lending program. The fair value of the collateral received as a percentage of the total current value of the securities on loan by the Plan was approximately 102%. Collateral received is presented in the financial statements as collateral held under securities lending agreements. At December 31, 2020, approximately \$259 thousand of non-cash securities were not recognized in the financial statements as the Plan did not have the right to sell or pledge these securities. Income from the program was not significant for the year ended December 31, 2020.

Plan assets on loan to third-party borrowers under securities lending agreements as of December 31, 2020 and 2019, are as follows (in thousands):

|   | 2020            | 2019            |
|---|-----------------|-----------------|
| Corporate debt securities—domestic      | \$ 958          | \$ 1,183        |
| Common stocks—domestic                  | 528             | 454             |
| Preferred stocks                        | 5               | -               |
| Registered investment companies         | 90              | -               |
|   | <u>\$ 1,581</u> | <u>\$ 1,637</u> |
| Securities on loan—pledged to creditors | <u>\$ 1,581</u> | <u>\$ 1,637</u> |

**Administrative Expenses**—Expenses incurred for the administration of the Plan are based on customary and reasonable rates for such services. Affiliate Organizations sponsoring the Plan pay administrative fees to DMBA directly, and such amounts totaled approximately \$29.9 million for the year ended December 31, 2020. Other administrative expenses, including costs paid to the service organizations to process prescription drug claims and long-term disability claims, are paid from the assets of the Plan.

**401(h) Account**—Certain participants are covered under the Deseret Mutual Master Retirement Plan (the "Pension Plan"), which includes a medical benefit component in addition to the normal retirement benefit to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). A separate account has been established and maintained in the Pension Plan for such contributions. In accordance with IRC Section 401(h), the Pension Plan's investments in the 401(h) Account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health and welfare benefits are not included in the Pension Plan's accumulated plan benefit obligations, but are reflected as an obligation in the financial statements of the Plan.

**Postretirement Benefits**—The postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employee service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents, and (2) active employees and their beneficiaries and dependents after retirement from service with the Affiliated Organizations. The postretirement benefit obligation represents the amount that is to be funded from existing Plan assets and by contributions from the Affiliated Organizations. Assets from the Deseret Mutual Retiree Medical and Life Plan Trust and from 401(h) accounts within the Pension Plan are set up to fund the postretirement benefit obligation. The postretirement benefit obligation at year end is estimated by the Plan's actuary in accordance with accepted actuarial principles.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary, and is the amount that results from applying actuarial assumptions to estimated future costs expected to be funded by contributions from the Affiliated Organizations and from existing Plan assets, adjusted for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The assumptions used to determine the postretirement benefit obligation at December 31, 2020 and 2019, were as follows:

- Weighted average discount rates of 2.3% and 3.1%, respectively
- Average retirement age of 65 years old and 64 years old, respectively
- Mortality rates from DMBA-adjusted White Collar Pri-2012 tables with projection scale MP-2020 and MP-2019, respectively

Other significant actuarial assumptions used to determine the postretirement benefit obligation for medical costs before age 65 (when Medicare coverage begins) as of December 31, 2020 and 2019, were as follows:

- Health care cost trend rate—A dynamic trend rate is used to predict estimated claims costs by age group and by claim type. The base trend rate starts at 6.3% and 6.8%, respectively, for commercial medical claims, 5.8% and 6.5%, respectively, for Medicare supplement claims, and is adjusted throughout the projection period based on models published by the Society of Actuaries.

The health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the rate increased by one percentage point for each future year, the obligation as of December 31, 2020 and 2019, would increase by approximately \$171.0 million and \$159.9 million, respectively.

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

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the “Act”) was signed into law. The Act introduces a prescription drug benefit under Medicare (“Medicare Part D”) as well as a federal subsidy to sponsors of retiree health care benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. Plan Sponsors and their actuarial advisors determined that benefits provided to certain participants are expected to be at least actuarially equivalent to Medicare Part D, and, accordingly, the Plan expects to be entitled to a federal subsidy under the Act. The Plan’s postretirement benefit obligation in the statements of Plan’s benefit obligations as of December 31, 2020 and 2019, and the changes in the postretirement benefit obligation in the statement of changes in Plan’s benefit obligations for the year ended December 31, 2020, do not reflect any amount associated with the Medicare subsidy because the Plan is not directly entitled to the Medicare subsidy. The postretirement benefit obligation in the Plan’s financial statements differs from that disclosed in the Trust financial statements since the Trust amounts are reported net of the Medicare subsidy in accordance with GAAP for the preparation of such financial statements.



**Postemployment Benefit Obligations**—Postemployment benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employees' services rendered prior to disability or death.

The assumptions used to determine the postemployment benefit obligation at December 31, 2020 and 2019, were as follows:

- Weighted average discount rates used of 2.2% and 3.0%, respectively
- Disability termination rates were taken from the Group Long-Term Disability 2012 Valuation Table
- Mortality rates from DMBA-adjusted White Collar Pri-2012 tables with projection scale MP-2020 and MP-2019, respectively
- Annual premium rate increases for dental coverage of 11.3% next year and 2.5% beyond
- Health care cost trend rate—A dynamic trend rate is used to predict estimated claims costs by age group and by claim type. The base trend rate starts at 6.3% and 6.8%, respectively, for commercial medical claims, 5.8% and 6.5%, respectively, for Medicare supplement claims, and is adjusted throughout the projection period based on models published by the Society of Actuaries.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postemployment benefit obligation.

**Other Plan Benefits**—Plan obligations at December 31, 2020 and 2019, for future disability payments to participants with long-term disabilities at December 31, 2020 and 2019, are estimated by the Plan's actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of the Plan's benefit obligations at present value. The benefits payable are based on the 2012 Group Long Term Disability (GLTD) valuation table adjusted for the Trust's historical loss experience per the 2012 GLTD instructions at 1.5% and 2.50% interest rate for the years ended December 31, 2020 and 2019, respectively.

Plan obligations for accident and health and life claims incurred but not reported at year-end are estimated by the Plan's actuary in accordance with accepted actuarial principles. Amounts are developed using the estimated unpaid accident and health and life claims, and health and life policy reserves based on the Plan's actual loss experience.

**Refunds**—Refunds due from a Plan's pharmacy benefits manager are recorded when earned. Refunds due as of the financial statement date are reported as a receivable, with the offset being netted against claims paid. Pharmacy rebates totaling \$33.2 million have been netted with claims paid in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2020.

**Health Care Legislation**—The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act became law during March 2010. These laws may affect the Plan's future costs of providing health care benefits to its participants. The Plan continues to assess the extent to which the provisions of the laws will affect its postretirement benefit obligations.

### 3. BENEFIT OBLIGATIONS FUNDING

The Plan's deficiency of net assets over benefit obligations at December 31, 2020 and 2019, relates primarily to the postretirement benefit obligation, the funding of which is only partially covered by the contributions already provided by the Affiliate Organizations. It is expected that the deficiency will be funded through future contributions provided by Affiliate Organizations.

### 4. RISK SHARING ARRANGEMENTS WITH THIRD-PARTY INSURERS

The Plan has risk sharing stop loss arrangements with third party insurers providing medical catastrophe coverage for qualified claims involving three or more lives in excess of \$1.5 million per occurrence, up to a maximum of \$1.0 million per life. The medical catastrophe maximum is \$55 million per event. The Plan also has arrangements to provide coverage when qualified pandemic related medical claims exceed \$5 million with a maximum payable of \$55 million, up to a maximum of \$2.0 million per life. In addition, the Plan has arrangements that cede between 87.5% and 100% of risk for qualified life and accidental death claims.

The Plan entered into an agreement effective January 1, 2014, that cedes 90% of the risk for long-term disability claims which occurred after January 1, 2014. The Plan has not ceded any risk related to claims incurred prior to January 1, 2014.

Premiums paid to insurance companies under stop loss arrangements are summarized on the statement of changes in net assets available for benefits. During the year ended December 31, 2020, the Plan recovered or expects to recover approximately \$15.2 million of benefits and claims paid from third-party insurers as a result of these arrangements. Such amounts are netted against benefits and claims payments in the statement of changes in net assets available for benefits. Amounts recoverable from third-party insurers at December 31, 2020 and 2019, are included as a receivable on the statements of net assets available for benefits.

The Plan remains obligated for amounts ceded in the event that the third-party insurers do not meet their obligations.

### 5. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

**Level 1**—refers to securities valued using unadjusted quoted prices from active markets for identical assets

**Level 2**—refers to securities not traded on an active market but for which observable market inputs are readily available

**Level 3**—refers to securities valued based on significant unobservable inputs.

Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

**Asset Valuation Techniques**—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value.

***US Government Securities***—These investments are valued using pricing models maximizing the use of observable inputs for similar securities and are included in Level 2.

***Corporate Debt Securities***—These investments are valued using pricing models maximizing the use of observable inputs for similar securities and are primarily included in Level 2. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available. In these cases, the securities are included in Level 3.

***Registered Investment Companies***—These investments are mutual funds valued at the daily closing price as reported by the registered investment company. Registered investment companies held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. All mutual funds held by the Plan with observable trading volume are deemed to be actively traded and are included in Level 1.

***Common and Preferred Stocks***—These investments are valued at the closing price reported on the active market on which the individual securities are traded and are included in Level 1. Preferred stocks with limited trading activity are deemed to be Level 2.

***Government Agency and Private Mortgage-Backed Securities***—These investments are valued using pricing models maximizing the use of observable inputs and are generally included in Level 2. These models first consider available trade information for identical or similar bonds. In the absence of available trade information, the securities are valued using an industry standard valuation tool to model cash flows for the tranche held. The significant inputs for the valuation model include the following: (a) prepayment and default projections based on historical statistics of the underlying collateral and current market data; (b) current yields of instruments with similar credit ratings; (c) consideration of liquidity risks.

The following tables present the Plan's fair value hierarchy for its assets measured at fair value, including securities on loan—pledged to creditors, as of December 31, 2020 (in thousands):

|   | Fair Value Measurements<br>as of December 31, 2020 |                 |               |                   |
|---|--|-----------------|---------------|-------------------|
|   | Level 1  | Level 2         | Level 3       | Total             |
| Investments—at fair value:                          |  |                 |               |                   |
| US government securities—government                 |  |                 |               |                   |
| agency mortgage-backed securities                   | \$ -   | \$ 355          | \$ -          | \$ 355            |
| Corporate debt securities                           | -  | 19,826          | -             | 19,826            |
| Common stocks                                       | 9,358  | -               | -             | 9,358             |
| Preferred stocks                                    | 550  | 63              | -             | 613               |
| Registered investment companies                     | 250,759  | -               | -             | 250,759           |
| Other   | -  | 47              | -             | 47                |
| Total   | <u>\$260,667</u>                                   | <u>\$20,291</u> | <u>\$ -</u>   | 280,958           |
| Investments measured at NAV                         |  |                 |               | 59,108            |
| Collateral held under securities lending agreements |  |                 |               | <u>1,359</u>      |
| Total investments—at fair value                     |  |                 |               | <u>\$ 341,425</u> |
| Investments in 401(h) account:                      |  |                 |               |                   |
| US government securities—US Treasury                |  |                 |               |                   |
| and agency debt                                     | \$ -   | \$ 53           | \$ -          | \$ 53             |
| US government securities—government                 |  |                 |               |                   |
| agency mortgage-backed securities                   | -  | 1,132           | -             | 1,132             |
| Corporate debt securities                           | -  | 1,131           | 67            | 1,198             |
| Corporate debt securities—private                   |  |                 |               |                   |
| mortgage-backed securities                          | -  | 419             | 19            | 438               |
| Preferred stocks                                    | 53   | 4               | 10            | 67                |
| Common stocks                                       | 3,055  | -               | 14            | 3,069             |
| Registered investment companies                     | 4,731  | -               | -             | 4,731             |
| Other   | -  | 37              | -             | 37                |
| Total   | <u>\$ 7,839</u>                                    | <u>\$ 2,776</u> | <u>\$ 110</u> | 10,725            |
| Investments measured at NAV                         |  |                 |               | <u>10,783</u>     |
| Total investments in 401(h) account                 |  |                 |               | <u>\$ 21,508</u>  |

The following tables present the Plan's fair value hierarchy for its assets measured at fair value, including securities on loan—pledged to creditors (Note 2), as of December 31, 2019 (in thousands):

|   | Fair Value Measurements<br>as of December 31, 2019 |                 |              |                  |
|---|--|-----------------|--------------|------------------|
|   | Level 1  | Level 2         | Level 3      | Total            |
| Investments—at fair value:  |  |                 |              |                  |
| US government securities—US Treasury and agency debt                  | \$ -   | \$ 2,475        | \$ -         | \$ 2,475         |
| US government securities—government agency mortgage-backed securities | -  | 376             | -            | 376              |
| Corporate debt securities—domestic                                    | -  | 19,053          | -            | 19,053           |
| Corporate debt securities—international                               | -  | 267             | -            | 267              |
| Common stocks—domestic  | 5,706  | -               | -            | 5,706            |
| Preferred stocks  | 253  | -               | -            | 253              |
| Registered investment companies                                       | 183,209  | -               | -            | 183,209          |
| Other   | -  | 49              | -            | 49               |
| Total   | <u>\$189,168</u>                                   | <u>\$22,220</u> | <u>\$ -</u>  | 211,388          |
| Investments measured at NAV   |  |                 |              | 45,497           |
| Collateral held under securities lending agreements                   |  |                 |              | <u>1,432</u>     |
| Total investments—at fair value                                       |  |                 |              | <u>\$258,317</u> |
| Investments in 401(h) account:  |  |                 |              |                  |
| US government securities—US Treasury and agency debt                  | \$ -   | \$ 163          | \$ -         | \$ 163           |
| US government securities—government agency mortgage-backed securities | -  | 1,047           | -            | 1,047            |
| Corporate debt securities—domestic                                    | -  | 899             | 70           | 969              |
| Corporate debt securities—international                               | -  | 41              | -            | 41               |
| Corporate debt securities—private mortgage-backed securities          | -  | 371             | 18           | 389              |
| Preferred stocks  | 22   | -               | 15           | 37               |
| Common stocks—domestic  | 1,410  | -               | -            | 1,410            |
| Common stocks—international   | 997  | -               | 20           | 1,017            |
| Registered investment companies                                       | 5,537  | -               | -            | 5,537            |
| Other   | -  | 3               | -            | 3                |
| Total   | <u>\$ 7,966</u>                                    | <u>\$ 2,524</u> | <u>\$123</u> | 10,613           |
| Investments measured at NAV   |  |                 |              | <u>7,214</u>     |
| Total investments in 401(h) account                                   |  |                 |              | <u>\$ 17,827</u> |

**Investments Measured Using Net Asset Value**—The following table shows investments that are valued using net asset value. The net asset value is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the

investment for an amount different than the reported net asset value. In addition, the table provides unfunded commitment amounts and a general description of the terms and conditions upon which the Plan may redeem these investments as of December 31, 2020 and 2019 (in thousands).

| Fair Value Measurements of Investments in Entities<br>that Calculate Net Asset Value as of December 31, 2020 |                  |                         |  |                                     |
|--|------------------|-------------------------|--|-------------------------------------|
|  | Fair Value       | Unfunded<br>Commitments | Redemption<br>Frequency<br>(If Currently Eligible) | Redemption<br>Notice<br>Period      |
| Investments—at fair value:   |                  |                         |  |                                     |
| Collective trusts  | \$ 5,815         | \$ -                    | Monthly-Bi-monthly                                 | 20-30 days                          |
| Real estate—open end funds   | 19,906           | 1,000                   | Quarterly/annually                                 | Management discretion or 45-90 days |
| Real estate—closed end funds   | 2,741            | 288                     | N/A  | N/A                                 |
| Limited partnerships—open end funds  | 18,729           | -                       | Monthly-Bi-monthly                                 | 20-30 days                          |
| Limited partnerships—closed end funds  | <u>11,917</u>    | <u>8,889</u>            | N/A  | N/A                                 |
| Total  | <u>\$ 59,108</u> | <u>\$ 10,177</u>        |  |                                     |
| Investments in 401(h) account:   |                  |                         |  |                                     |
| Pooled separate accounts   | \$ 527           | \$ -                    | Quarterly/Annually                                 | Management discretion or 45-90 days |
| Collective trusts  | 3,062            | -                       | Quarterly/Annually                                 | Management discretion or 45-90 days |
| Real estate—open end funds   | 1,382            | 96                      | Quarterly/annually                                 | Management discretion or 45-90 days |
| Real estate—closed end funds   | 304              | 129                     | N/A  | N/A                                 |
| Limited partnerships-open end  | 1,264            | 13                      |  |                                     |
| Limited partnerships-closed end  | <u>4,244</u>     | <u>2,075</u>            | N/A  | N/A                                 |
| Total  | <u>\$ 10,783</u> | <u>\$ 2,313</u>         |  |                                     |

**Fair Value Measurements of Investments in Entities  
that Calculate Net Asset Value as of December 31, 2019**

|                                       | <b>Fair Value</b>       | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency<br/>(If Currently Eligible)</b> | <b>Redemption<br/>Notice<br/>Period</b> |
|---------------------------------------|-------------------------|---------------------------------|---|---|
| Investments—at fair value:            |                         |                                 |   |   |
| Commingled funds                      | \$ 3,535                | \$ -                            | Monthly-Bi-monthly  | 20-30 days                              |
| Collective trusts                     | 4,290                   | -                               | Monthly-Bi-monthly  | 20-30 days                              |
| Real estate—open end funds            | 18,254                  | 3,000                           | Quarterly/annually  | Management discretion or 45–90 days     |
| Real estate—closed end funds          | 3,567                   | 654                             | N/A   | N/A                                     |
| Limited partnerships—open end funds   | 7,199                   | -                               | Monthly-Bi-monthly  | 20-30 days                              |
| Limited partnerships—closed end funds | <u>8,652</u>            | <u>2,771</u>                    | N/A   | N/A                                     |
| <b>Total</b>                          | <b><u>\$ 45,497</u></b> | <b><u>\$ 6,425</u></b>          |   |   |
| Investments in 401(h) account:        |                         |                                 |   |   |
| Pooled separate accounts              | \$ 489                  | \$ -                            | Quarterly/Annually  | Management discretion or 45-90 days     |
| Collective trusts                     | 1,051                   | -                               | Quarterly/Annually  | Management discretion or 45-90 days     |
| Commingled funds                      | 310                     | -                               | Monthly   | 30 days                                 |
| Real estate—open end funds            | 1,241                   | 120                             | Quarterly/annually  | Management discretion or 45-90 days     |
| Real estate—closed end funds          | 287                     | 49                              | N/A   | N/A                                     |
| Limited partnerships-open end         | 981                     | -                               |   |   |
| Limited partnerships-closed end       | <u>2,855</u>            | <u>1,676</u>                    | N/A   | N/A                                     |
| <b>Total</b>                          | <b><u>\$ 7,214</u></b>  | <b><u>\$ 1,845</u></b>          |   |   |

**Commingled Funds and Collective Trusts**—This category’s investment objective is to seek long-term capital appreciation through investing primarily in bank term loans.

**Real Estate—Open End Funds, Pooled Separate Accounts and Collective Trusts**—These categories include several real estate funds that invest primarily in core, well-leased, operating US commercial real estate with a focus on income. The fair values of the investments in these categories are estimated using the net asset value of the fund. These investments can be redeemed from the funds, at the discretion of fund management, quarterly through a redemption request. The request must give notice varying from 45 days to 90 days before the redemption will be made. In 2020, all redemption requests were fulfilled.

**Real Estate—Closed End Funds**—This category includes several real estate funds that invest primarily in US commercial real estate. The fair values of the investments in this category are estimated using the net asset value of the Plan’s ownership interest in partners’ capital. These investments can never be redeemed with the funds. Distributions from each fund will be received as the underlying investments of the fund are liquidated. It is estimated that the underlying assets of the fund will be liquidated over the next two to six years.

**Limited Partnerships—Open End**—This category includes a hedge fund. The fair value of this investment is estimated based upon the net asset value of the Plan’s ownership interest in the partner’s capital. The investment may be redeemed semi-monthly.

**Limited Partnerships—Closed End**—This category includes several private equity funds that invest in special situations, mezzanine and distressed debt. The fair values of the investments in this category

are estimated based upon the net asset value of the Plan's ownership interest in partners' capital. These investments can never be redeemed with the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund. If these investments were held, it is estimated that the underlying assets of the fund would be liquidated over 4 to 9 years.

## 6. 401(H) ACCOUNT

A portion of the Plan's obligation is funded through contributions to the Deseret Mutual Master Retirement Plan in accordance with Section 401(h) of the Internal Revenue Code. The following table presents the components of the net assets available for such postretirement benefit obligations and the related changes in net assets available for benefits as of December 31, 2020 and 2019, and for the year ended December 31, 2020 (in thousands):

| <b>Statements of Net Assets Available for Benefits</b> | <b>2020</b>      | <b>2019</b>      |
|--|------------------|------------------|
| Assets:  |                  |                  |
| Investments—at fair value                              | \$ 21,508        | \$ 17,827        |
| Cash and cash equivalents                              | 387              | 353              |
| Accrued investment income                              | 20               | 17               |
| Contributions receivable                               | 2,277            | 2,352            |
| Collateral—future and options                          | 1                | 2                |
| Other receivables                                      | 26               | 19               |
|  | <u>24,219</u>    | <u>20,570</u>    |
| Total assets   |                  |                  |
| Liabilities:   |                  |                  |
| Obligations under securities lending                   | 66               | 184              |
| Accrued expense and other liabilities                  | 227              | 23               |
|  | <u>293</u>       | <u>207</u>       |
| Total liabilities                                      |                  |                  |
| Net assets available for benefits in 401(h) Account    | <u>\$ 23,926</u> | <u>\$ 20,363</u> |



| <b>Statement of Changes in Net Assets Available for Benefits</b> | <b>2020</b>            |
|--|------------------------|
| Additions:   |                        |
| Contributions  | <u>\$ 2,277</u>        |
| Investment income:   |                        |
| Net appreciation in fair value of investments                    | 2,269                  |
| Interest   | 155                    |
| Dividends  | 278                    |
| Rents  | <u>46</u>              |
| Net investment income  | <u>2,748</u>           |
| Total additions  | <u>5,025</u>           |
| Deductions:  |                        |
| Benefit payments   | 1,396                  |
| Administrative expenses  | <u>66</u>              |
| Total deductions   | <u>1,462</u>           |
| Net increase in net assets available                             | <u><u>\$ 3,563</u></u> |

## **7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Fees paid during the year for administrative services rendered by parties-in-interest were based on customary and reasonable rates for such services and are paid by the Affiliate Organizations.

## **8. FEDERAL INCOME TAX STATUS**

The Trust funding the Plan has received an exemption letter from the Internal Revenue Service (IRS) dated August 28, 1990, stating that the Trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (the "Code") as a Voluntary Employee Beneficiary Association. The Plan and Trust are required to operate in conformity with the Code to maintain the tax-exempt status of the Trust. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes the related Trust is tax exempt. No provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, there are currently no audits for any tax periods in progress.

## **9. PLAN TERMINATION PROVISIONS**

Although there is no intent to do so, Plan Sponsors have the right under the Plan to modify benefits, discontinue contributions, and terminate the Plan subject to the provisions set forth in ERISA. Upon

termination, the assets then remaining shall be subject to the applicable provisions of the Plan then in effect and shall be used until exhausted to pay benefits to employees in the order of their entitlement.

#### 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

A reconciliation of amounts reported in the Plan's financial statements to amounts reported in the Form 5500 is required by ERISA. The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at December 31, 2020 and 2019 (in thousands):

|   | 2020              | 2019              |
|---|-------------------|-------------------|
| Net assets available for benefits per the financial statements                              | \$ 431,161        | \$ 333,886        |
| Less:   |                   |                   |
| Claims payable, claims incurred but not reported, and policy reserves                       | (75,990)          | (75,981)          |
| Net assets held in Deseret Mutual Employee Pension Plan Trust restricted for 401(h) account | <u>(23,926)</u>   | <u>(20,363)</u>   |
| Net assets available for benefits per the Form 5500   | <u>\$ 331,245</u> | <u>\$ 237,542</u> |

The following is a reconciliation of benefits and claims payments per the financial statements to the Form 5500 for the year ended December 31, 2020 (in thousands):

|   |                   |
|---|-------------------|
| Amounts paid per the financial statements   | \$ 425,722        |
| Add claims payable, claims incurred but not reported, and policy reserves—December 31, 2020 | 75,990            |
| Add claims payable, claims incurred but not reported, and policy reserves—December 31, 2019 | <u>(75,981)</u>   |
| Amounts paid per the Form 5500  | <u>\$ 425,731</u> |

Claims payable, claims incurred but not reported, policy reserves, and premiums due to insurers are reported as benefit obligations in the financial statements, but are recorded as Plan liabilities on the Form 5500.

A reconciliation of total additions for the year ended December 31, 2020, is as follows:

|  |                   |
|--|-------------------|
| Total additions per the financial statements | \$ 566,195        |
| Less net increase in 401(h) account          | <u>(3,563)</u>    |
| Total additions per Form 5500                | <u>\$ 562,632</u> |

## **11. SUBSEQUENT EVENTS**

The Plan has performed an evaluation of its subsequent events through October 15, 2021, which is the date the financial statements were available to be issued, and noted no events requiring recognition or disclosure.

\* \* \* \* \*

## **SUPPLEMENTAL SCHEDULES**

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)                                      | (b) Identity of Issuer, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including: |               |               | (d) Cost   | (e) Current Value |
|--|---|---|---------------|---------------|------------|-------------------|
|  |   | Coupon Rate                               | Maturity Date | Par or Shares |            |                   |
| U.S. GOVERNMENT SECURITIES:<br>38374D8E2 | GNR 2013-058 C  | 2.50 %                                    | 04/20/2043    | 354,918       | \$ 352,904 | \$ 355,449        |
|  |   |   |               | 354,918       | 352,904    | 355,449           |
| CORPORATE DEBT INSTRUMENTS:              |   |   |               |               |            |                   |
| 00922RAB1                                | AIR TRANSPORT SERVICES GROUP INC                              | 1.13                                      | 10/15/2024    | 40,000        | 40,064     | 47,476            |
| 00971TAJ0                                | AKAMAI TECHNOLOGIES INC                                       | 0.13                                      | 05/01/2025    | 30,000        | 31,671     | 37,130            |
| 00971TAL5                                | AKAMAI TECHNOLOGIES INC                                       | 0.38                                      | 09/01/2027    | 60,000        | 68,022     | 66,857            |
| 02156BAF0                                | ALTERYX INC   | 1.00                                      | 08/01/2026    | 40,000        | 42,880     | 42,217            |
| 001ESC9D6                                | AMR CORP ESCROW   | -   | 12/29/2049    | 10,000        | 1,554      | -                 |
| 00206RMF6                                | AT&T INC  | 2.55                                      | 12/01/2033    | 955,000       | 833,017    | 979,007           |
| 049164BH8                                | ATLAS AIR WORLDWIDE HOLDINGS INC                              | 2.25                                      | 06/01/2022    | 20,000        | 18,719     | 20,755            |
| 049164BJ4                                | ATLAS AIR WORLDWIDE HOLDINGS INC                              | 1.88                                      | 06/01/2024    | 25,000        | 25,778     | 28,364            |
| 05348EBA6                                | AVALONBAY COMMUNITIES INC                                     | 3.35                                      | 05/15/2027    | 1,000,000     | 996,589    | 1,120,068         |
| 06051GHC6                                | BANK OF AMERICA CORP  | 3.00                                      | 12/20/2023    | 379,820       | 379,222    | 399,764           |
| 06051GFB0                                | BANK OF AMERICA CORP  | 4.13                                      | 01/22/2024    | 1,000,000     | 1,013,338  | 1,108,334         |
| 06739GCF4                                | BARCLAYS BANK PLC   | -   | 02/18/2025    | 15,000        | 14,649     | 16,725            |
| 06738G8A1                                | BARCLAYS BANK PLC   | -   | 02/04/2025    | 100,000       | 117,791    | 127,130           |
| 09061GAJ0                                | BIOMARIN PHARMACEUTICAL INC                                   | 1.25                                      | 05/15/2027    | 20,000        | 22,212     | 20,900            |
| 09709THH7                                | BOFA FINANCE LLC  | 0.13                                      | 09/01/2022    | 50,000        | 50,756     | 58,150            |
| 09709TED9                                | BOFA FINANCE LLC  | 0.25                                      | 05/01/2023    | 15,000        | 14,082     | 15,656            |
| 122017AA4                                | BURLINGTON STORES INC   | 2.25                                      | 04/15/2025    | 25,000        | 25,881     | 34,632            |
| 166754AP6                                | CHEVRON PHILLIPS CHEMICAL COMPANY LLC                         | 3.40                                      | 12/01/2026    | 1,000,000     | 998,563    | 1,124,047         |
| 194693AA5                                | COLLIERS INTERNATIONAL GROUP INC                              | 4.00                                      | 06/01/2025    | 25,000        | 29,970     | 43,063            |
| 66705PAC7                                | COLONY CAPITAL INC  | 5.38                                      | 06/15/2033    | 25,000        | 25,342     | 24,648            |
| 20030NBV6                                | COMCAST CORP  | 3.30                                      | 02/01/2027    | 1,000,000     | 998,743    | 1,128,184         |
| 200300606V2                              | Comcast Corporation 2.0% Debentures                           | 2.00                                      | 11/15/2029    | 700           | 43,928     | 42,630            |
| 207410AF8                                | CONMED CORP   | 2.63                                      | 02/01/2024    | 40,000        | 44,244     | 55,915            |
| 21870UAC0                                | COREENERGY INFRASTRUCTURE TRUST INC                           | 5.88                                      | 08/15/2025    | 27,000        | 24,250     | 19,273            |
| 22266LAE6                                | COUPA SOFTWARE INC  | 0.38                                      | 06/15/2026    | 20,000        | 22,261     | 26,895            |
| 233851CU6                                | DAIMLER FINANCE NORTH AMERICA LLC                             | 3.45                                      | 01/06/2027    | 1,000,000     | 997,418    | 1,118,589         |
| 247ESCA00                                | DELTA PETROLEUM   | -   | 12/29/2049    | 70,000        | 10,881     | -                 |
| 25155MKU4                                | DEUTSCHE BANK AG (LONDON BRANCH)                              | 1.00                                      | 05/01/2023    | 120,000       | 120,538    | 139,200           |
| 252131AJ6                                | DEXCOM INC  | 0.25                                      | 11/15/2025    | 10,000        | 9,876      | 10,056            |
| 25470MAD1                                | DISH NETWORK CORP   | 2.38                                      | 03/15/2024    | 23,000        | 20,834     | 21,434            |
| B33899AC7PP                              | ECONOCOM GROUP SE   | 0.50                                      | 03/06/2023    | 17,189        | 16,498     | 18,310            |
| 29670G201                                | ESSENTIAL UTILITIES INC                                       | 6.00                                      | 04/30/2022    | 1,331         | 77,757     | 80,659            |
| 313747AY3                                | FEDERAL REALTY INVESTMENT TRUST                               | 3.25                                      | 07/15/2027    | 500,000       | 496,854    | 543,796           |
| 32076VAB9                                | FIRST MAJESTIC SILVER CORP                                    | 1.88                                      | 03/01/2023    | 5,000         | 5,886      | 7,514             |
| 33938JAB2                                | FLEXION THERAPEUTICS INC                                      | 3.38                                      | 05/01/2024    | 68,000        | 62,952     | 60,010            |
| 375558AZ6                                | GILEAD SCIENCES INC   | 3.50                                      | 02/01/2025    | 1,000,000     | 1,004,384  | 1,104,672         |
| 393657AK7                                | GREENBRIER COMPANIES INC                                      | 2.88                                      | 02/01/2024    | 21,000        | 19,878     | 21,220            |
| 404139AD9                                | HC2 HOLDINGS INC  | 11.50                                     | 12/01/2021    | 23,000        | 22,158     | 22,885            |
| 404139AF4                                | HC2 HOLDINGS INC  | 7.50                                      | 06/01/2022    | 30,000        | 25,966     | 28,687            |
| 42330PAH0                                | HELIX ENERGY SOLUTIONS GROUP INC                              | 4.25                                      | 05/01/2022    | 18,000        | 17,251     | 17,185            |
| 42330PAK3                                | HELIX ENERGY SOLUTIONS GROUP INC                              | 6.75                                      | 02/15/2026    | 32,000        | 30,000     | 33,236            |
| 43940TAB5                                | HOPE BANCORP INC  | 2.00                                      | 05/15/2038    | 74,000        | 71,700     | 68,844            |
| 452327AK5                                | ILLUMINA INC  | -   | 08/15/2023    | 8,000         | 8,702      | 9,017             |
| H41929AC6                                | IMPLENIA AG   | 0.50                                      | 06/30/2022    | 20,000        | 19,758     | 21,496            |
| 456866AK8                                | INGERSOLL-RAND CO   | 6.39                                      | 11/15/2027    | 400,000       | 400,000    | 506,810           |
| 45845PAA6                                | INTERCEPT PHARMACEUTICALS INC                                 | 3.25                                      | 07/01/2023    | 23,000        | 18,360     | 17,731            |
| 45867GAB7                                | INTERDIGITAL WIRELESS INC                                     | 2.00                                      | 06/01/2024    | 40,000        | 40,251     | 42,084            |
| 48128DAC1                                | JPMORGAN CHASE BANK NA  | 0.13                                      | 01/01/2023    | 100,000       | 104,914    | 115,438           |
| 483548AF0                                | KAMAN CORP  | 3.25                                      | 05/01/2024    | 90,000        | 98,108     | 103,658           |
| 48242WAB2                                | KBR INC   | 2.50                                      | 11/01/2023    | 40,000        | 43,596     | 54,726            |
| 524901600                                | LEGG MASON INC  | 5.45                                      | 09/15/2056    | 7,753         | 197,083    | 198,477           |
| 524901501                                | LEGG MASON INC  | 6.38                                      | 03/15/2056    | 7,753         | 195,371    | 196,228           |
| 525ESC8C6                                | LEHMAN ESCROW   | -   | 01/01/2049    | 440,000       |            | 4,928             |
| 52603BAC1                                | LENDINGTREE INC   | 0.50                                      | 07/15/2025    | 25,000        | 25,644     | 24,316            |
| 530715AL5                                | LIBERTY INTERACTIVE LLC                                       | 3.75                                      | 02/15/2030    | 33,846        | 24,995     | 25,935            |
| 53069QAB5                                | LIBERTY LATIN AMERICA LTD                                     | 2.00                                      | 07/15/2024    | 24,000        | 17,966     | 22,806            |
| 531229AJ1                                | LIBERTY MEDIA CORP  | 2.75                                      | 12/01/2049    | 25,000        | 24,443     | 25,788            |
| 531229AB8                                | LIBERTY MEDIA CORP  | 1.38                                      | 10/15/2023    | 100,000       | 105,399    | 126,400           |

(Continued)

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)              | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including: |               |                   | (d) Cost          | (e) Current Value |
|------------------|--|---|---------------|-------------------|-------------------|-------------------|
|                  |  | Coupon Rate                               | Maturity Date | Par or Shares     |                   |                   |
| 55608BAB1        | MACQUARIE INFRASTRUCTURE CORP                              | 2.00 %                                    | 10/01/2023    | 25,000            | \$ 23,478         | \$ 24,875         |
| 566330AA4        | MARCUS CORP  | 5.00                                      | 09/15/2025    | 20,000            | 20,000            | 28,684            |
| 58013MEY6        | MCDONALD'S CORP  | 3.70                                      | 01/30/2026    | 600,000           | 598,443           | 683,453           |
| 55272XAA0        | MFA FINANCIAL INC  | 6.25                                      | 06/15/2024    | 25,000            | 25,160            | 24,875            |
| 552848AB9        | MGIC INVESTMENT CORP                                       | 9.00                                      | 04/01/2063    | 19,000            | 15,895            | 24,558            |
| 596278AA9        | MIDDLEBY CORP  | 1.00                                      | 09/01/2025    | 50,000            | 52,497            | 61,063            |
| 61746BCY0        | MORGAN STANLEY   | 6.25                                      | 08/09/2026    | 1,000,000         | 1,120,944         | 1,275,901         |
| 62957HAB1        | NABORS INDUSTRIES INC                                      | 0.75                                      | 01/15/2024    | 29,000            | 23,321            | 14,872            |
| 65341BAD8        | NEXTERA ENERGY PARTNERS LP                                 | -   | 11/15/2025    | 30,000            | 28,877            | 29,935            |
| 66980MAA4        | NOVA MEASURING INSTRUMENTS LTD                             | -   | 10/15/2025    | 55,000            | 56,281            | 62,116            |
| 67077MAE8        | NUTRIEN LTD  | 4.00                                      | 12/15/2026    | 1,000,000         | 994,057           | 1,162,327         |
| 678026AH8        | OIL STATES INTERNATIONAL INC                               | 1.50                                      | 02/15/2023    | 32,000            | 25,253            | 24,410            |
| 682189AP0        | ON SEMICONDUCTOR CORP                                      | 1.63                                      | 10/15/2023    | 25,000            | 27,037            | 41,887            |
| 697435AD7        | PALO ALTO NETWORKS INC                                     | 0.75                                      | 07/01/2023    | 90,000            | 91,584            | 126,937           |
| 69327RAD3        | PDC ENERGY INC   | 1.13                                      | 09/15/2021    | 23,000            | 22,072            | 22,346            |
| 70509VAA8        | PEBBLEBROOK HOTEL TRUST                                    | 1.75                                      | 12/15/2026    | 55,000            | 56,005            | 58,480            |
| 722304AC6        | PINDUODUO INC  | -   | 12/01/2025    | 40,000            | 40,915            | 49,332            |
| 723787AN7        | PIONEER NATURAL RESOURCES CO                               | 0.25                                      | 05/15/2025    | 60,000            | 61,586            | 79,721            |
| 74139CAB8        | PRETIUM RESOURCES INC                                      | 2.25                                      | 03/15/2022    | 25,000            | 26,799            | 26,750            |
| 74348TAT9        | PROSPECT CAPITAL CORP                                      | 6.38                                      | 03/01/2025    | 24,000            | 24,207            | 24,640            |
| 75574U200        | READY CAPITAL CORP   | 7.00                                      | 08/15/2023    | 600               | 15,000            | 14,652            |
| 761330AA7        | REVANCE THERAPEUTICS INC                                   | 1.75                                      | 02/15/2027    | 40,000            | 42,448            | 44,860            |
| 780153BA9        | ROYAL CARIBBEAN CRUISES LTD                                | 4.25                                      | 06/15/2023    | 55,000            | 57,930            | 73,108            |
| 824689AG8        | SFL CORPORATION LTD  | 4.88                                      | 05/01/2023    | 29,000            | 26,710            | 24,603            |
| 82452JAA7        | SHIFT4 PAYMENTS INC  | -   | 12/15/2025    | 20,000            | 20,000            | 24,406            |
| 826919AC6        | SILICON LABORATORIES INC                                   | 0.63                                      | 06/15/2025    | 15,000            | 15,000            | 18,840            |
| 828807CY1        | SIMON PROPERTY GROUP LP                                    | 3.25                                      | 11/30/2026    | 1,000,000         | 981,514           | 1,108,140         |
| 82938NAC8        | SINOPEC GROUP OVERSEAS DEVELOPMENT (2017) LTD              | 3.63                                      | 04/12/2027    | 1,000,000         | 995,666           | 1,096,740         |
| 83205YAA2        | SMART GLOBAL HOLDINGS INC                                  | 2.25                                      | 02/15/2026    | 55,000            | 52,317            | 62,374            |
| 844741BG2        | SOUTHWEST AIRLINES CO                                      | 1.25                                      | 05/01/2025    | 85,000            | 87,069            | 123,463           |
| 848637AE4        | SPLUNK INC   | 1.13                                      | 06/15/2027    | 55,000            | 56,153            | 57,164            |
| 852234AH6        | SQUARE INC   | 0.25                                      | 11/01/2027    | 90,000            | 90,000            | 99,733            |
| 86213DAA1        | STORCENTRIC, INC.  | 5.88                                      | 02/19/2023    | 400,000           | 400,000           | 401,000           |
| 48273UAA0        | STRIDE INC   | 1.13                                      | 09/01/2027    | 5,000             | 5,000             | 4,057             |
| 868459AD0        | SUPERNUS PHARMACEUTICALS INC                               | 0.63                                      | 04/01/2023    | 16,000            | 13,600            | 15,173            |
| 875372AA2        | TANDEM DIABETES CARE INC                                   | 1.50                                      | 05/01/2025    | 40,000            | 46,289            | 47,108            |
| 87900YAE3        | TEEKAY CORP  | 5.00                                      | 01/15/2023    | 23,000            | 19,603            | 19,828            |
| 91705YAA3        | URBAN ONE INC  | 8.75                                      | 12/15/2022    | 23,000            | 23,000            | 22,310            |
| 92214XAA4        | VAREX IMAGING CORP   | 4.00                                      | 06/01/2025    | 30,000            | 30,000            | 31,597            |
| 92343VDY7        | VERIZON COMMUNICATIONS INC                                 | 4.13                                      | 03/16/2027    | 1,000,000         | 995,027           | 1,178,690         |
| F9773GUP7        | VINCI SA   | 0.38                                      | 02/16/2022    | 100,000           | 105,783           | 112,978           |
| 947075AP2        | WEATHERFORD INTERNATIONAL LTD                              | 11.00                                     | 12/01/2024    | 3,000             | 11,699            | 2,340             |
| 985568AA2        | YELLOW PAGES DIGITAL & MEDIA SOLUTIONS LTD                 | 8.00                                      | 11/30/2022    | 19,750            | 15,220            | 15,774            |
|                  |  |   |               | <u>17,650,742</u> | <u>17,658,386</u> | <u>19,826,055</u> |
| PREFERRED STOCK: |  |   |               |                   |                   |                   |
| 00170F209        | AMG CAPITAL TRUST II                                       | 5.15                                      | 10/15/2037    | 1,669             | 83,443            | 81,414            |
| 75887406         | BECTON DICKINSON AND CO                                    | 6.00                                      | 06/01/2023    | 2,523             | 141,495           | 138,866           |
| 09625U208        | BLUEKNIGHT ENERGY PARTNERS LP                              | 11.00                                     | -             | 6,149             | 33,469            | 41,875            |
| 10482B200        | BRAEMAR HOTELS & RESORTS INC                               | 5.50                                      | -             | 153               | 2,765             | 2,486             |
| 10482B309        | BRAEMAR HOTELS & RESORTS INC                               | 8.25                                      | -             | 1,060             | 20,872            | 19,928            |
| 808513600        | CHARLES SCHWAB CORP  | 5.95                                      | -             | 611               | 16,052            | 15,874            |
| 223622507        | COWEN INC  | 5.63                                      | -             | 57                | 42,587            | 63,474            |
| 283678209        | EL PASO ENERGY CAPITAL TRUST I                             | 4.75                                      | 03/31/2028    | 434               | 18,769            | 22,464            |
| 59156R850        | METLIFE INC  | 4.75                                      | -             | 602               | 15,635            | 16,435            |
| 59156R876        | METLIFE INC  | 5.63                                      | -             | 288               | 7,933             | 8,142             |
| 64944P307        | NEW YORK COMMUNITY CAPITAL TRUST V                         | 6.00                                      | 11/01/2051    | 527               | 25,442            | 24,168            |
| US74965L2007     | RLJ LODGING TRUST  | 7.80                                      | -             | 957               | 26,030            | 24,308            |
| 854502853        | STANLEY BLACK & DECKER INC                                 | 0.50                                      | -             | 95                | 96,792            | 114,000           |
| 902973155        | U.S. BANCORP   | 3.50                                      | -             | 969               | 21,942            | 24,002            |
| 902973833        | U.S. BANCORP   | 6.50                                      | -             | 592               | 15,760            | 15,827            |
|                  |  |   |               | <u>16,686</u>     | <u>568,986</u>    | <u>613,263</u>    |

(Continued)

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)           | (b) Identity of Issuer, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including: |               |               | (d) Cost | (e) Current Value |          |
|---------------|---|---|---------------|---------------|----------|-------------------|----------|
|               |   | Coupon Rate                               | Maturity Date | Par or Shares |          |                   |          |
| COMMON STOCK: |   |   |               |               |          |                   |          |
| 361105        | AAR ORD   | -   | %             | -             | 185      | \$ 4,762          | \$ 6,701 |
| 375204        | ABB ADR REP 1 ORD   | -   | -             | -             | 313      | 8,124             | 8,751    |
| 00287Y109     | ABBVIE ORD  | -   | -             | -             | 200      | 5,202             | 21,430   |
| 00508Y102     | ACUITY BRANDS ORD   | -   | -             | -             | 200      | 23,302            | 24,218   |
| N00985106     | AERCAP HOLDINGS ORD   | -   | -             | -             | 450      | 23,400            | 20,511   |
| 1055102       | AFLAC ORD   | -   | -             | -             | 500      | 18,509            | 22,235   |
| 1084102       | AGCO ORD  | -   | -             | -             | 200      | 9,476             | 20,618   |
| 13872106      | ALCOA ORD   | -   | -             | -             | 1,985    | 24,468            | 45,754   |
| 15351109      | ALEXION PHARMACEUTICALS ORD                                   | -   | -             | -             | 250      | 25,043            | 39,060   |
| 01741R102     | ALLEGHENY TECHNOLOGIES ORD                                    | -   | -             | -             | 1,073    | 18,118            | 17,994   |
| 01988P108     | ALLSCRIPTS HEALTHCARE SOLUTIONS ORD                           | -   | -             | -             | 2,096    | 22,785            | 30,266   |
| 20002101      | ALLSTATE ORD  | -   | -             | -             | 250      | 8,655             | 27,483   |
| 02079K107     | ALPHABET CL C ORD   | -   | -             | -             | 92       | 53,997            | 161,173  |
| 23135106      | AMAZON COM ORD  | -   | -             | -             | 32       | 9,511             | 104,222  |
| 25932104      | AMERICAN FINANCIAL GROUP ORD                                  | -   | -             | -             | 130      | 6,654             | 11,391   |
| 03076C106     | AMERIPRISE FINANCE ORD  | -   | -             | -             | 100      | 5,682             | 19,433   |
| 31162100      | AMGEN ORD   | -   | -             | -             | 150      | 15,922            | 34,488   |
| 32095101      | AMPHENOL CL A ORD   | -   | -             | -             | 540      | 58,639            | 70,616   |
| 35710409      | ANNALY CAPITAL MANAGEMENT REIT ORD                            | -   | -             | -             | 1,600    | 16,430            | 13,520   |
| 36752103      | ANTHEM ORD  | -   | -             | -             | 140      | 37,975            | 44,953   |
| G0403H108     | AON CL A ORD  | -   | -             | -             | 409      | 46,983            | 86,409   |
| 38222105      | APPLIED MATERIAL ORD  | -   | -             | -             | 300      | 12,027            | 25,890   |
| 38336103      | APTARGROUP ORD  | -   | -             | -             | 61       | 7,201             | 8,350    |
| 03940R107     | ARCH RESOURCES CL A ORD                                       | -   | -             | -             | 200      | 18,353            | 8,754    |
| 42735100      | ARROW ELECTRONICS ORD   | -   | -             | -             | 150      | 11,148            | 14,595   |
| 04316A108     | ARTISAN PARTNERS ASSET MGMT CL A ORD                          | -   | -             | -             | 429      | 13,197            | 21,596   |
| 45327103      | ASPEN TECHNOLOGY ORD  | -   | -             | -             | 273      | 10,037            | 35,558   |
| G0585R106     | ASSURED GUARANTY ORD  | -   | -             | -             | 400      | 11,887            | 12,596   |
| 00206R102     | AT&T ORD  | -   | -             | -             | 1,700    | 47,977            | 48,892   |
| 49164205      | ATLAS AIR WORLDWIDE HOLDINGS ORD                              | -   | -             | -             | 176      | 6,973             | 9,599    |
| 53484101      | AVALONBAY COMMUNITIES REIT ORD                                | -   | -             | -             | 275      | 42,444            | 44,118   |
| 05379B107     | AVISTA ORD  | -   | -             | -             | 887      | 33,277            | 35,604   |
| 2474104       | AZZ ORD   | -   | -             | -             | 500      | 17,268            | 23,720   |
| 05971J102     | BANCORPSOUTH BANK ORD   | -   | -             | -             | 280      | 5,662             | 7,683    |
| 60505104      | BANK OF AMERICA ORD   | -   | -             | -             | 2,100    | 30,302            | 63,651   |
| 64058100      | BANK OF NEW YORK MELLON ORD                                   | -   | -             | -             | 500      | 28,006            | 21,220   |
| 71813109      | BAXTER INTERNATIONAL ORD                                      | -   | -             | -             | 435      | 34,698            | 34,904   |
| 73685109      | BEACON ROOFING SUPPLY ORD                                     | -   | -             | -             | 498      | 18,997            | 20,015   |
| 07724U103     | BEIERSDORF A G UNSPONSORED GERMA ADR                          | -   | -             | -             | 7,226    | 164,800           | 166,996  |
| 84670702      | BERKSHIRE HATHWAY CL B ORD                                    | -   | -             | -             | 411      | 60,062            | 95,299   |
| 08579W103     | BERRY GLOBAL GROUP ORD  | -   | -             | -             | 360      | 17,100            | 20,228   |
| 86516101      | BEST BUY ORD  | -   | -             | -             | 340      | 22,462            | 33,929   |
| 90572207      | BIO RAD LABORATORIES CL A ORD                                 | -   | -             | -             | 56       | 8,745             | 32,645   |
| 09062X103     | BIOGEN ORD  | -   | -             | -             | 60       | 15,650            | 14,692   |
| 101121101     | BOSTON PROPERTIES REIT ORD                                    | -   | -             | -             | 348      | 28,611            | 32,896   |
| 109641100     | BRINKER INTERNATIONAL ORD                                     | -   | -             | -             | 140      | 7,629             | 7,920    |
| 110122108     | BRISTOL MYERS SQUIBB ORD                                      | -   | -             | -             | 700      | 39,290            | 43,421   |
| 114340102     | BROOKS AUTOMATION ORD   | -   | -             | -             | 598      | 18,715            | 40,574   |
| 128030202     | CAL MAINE FOODS ORD   | -   | -             | -             | 3,152    | 133,809           | 118,326  |
| 128246105     | CALAVO GROWERS ORD  | -   | -             | -             | 252      | 15,900            | 17,496   |
| 130788102     | CALIFORNIA WATER SERVICE GROUP ORD                            | -   | -             | -             | 702      | 32,554            | 37,929   |
| 131193104     | CALLAWAY GOLF ORD   | -   | -             | -             | 1,109    | 20,557            | 26,627   |
| 14040H105     | CAPITAL ONE FINANCIAL ORD                                     | -   | -             | -             | 528      | 33,536            | 52,193   |
| 14149Y108     | CARDINAL HEALTH ORD   | -   | -             | -             | 100      | 7,968             | 5,356    |
| 12504L109     | CBRE GROUP CL A ORD   | -   | -             | -             | 159      | 6,781             | 9,972    |
| 150870103     | CELANESE ORD  | -   | -             | -             | 230      | 23,412            | 29,886   |
| 156431108     | CENTURY ALUMINUM ORD  | -   | -             | -             | 983      | 13,179            | 10,842   |
| 808513105     | CHARLES SCHWAB ORD  | -   | -             | -             | 867      | 29,465            | 45,962   |
| 16115Q308     | CHART INDUSTRIES ORD  | -   | -             | -             | 297      | 20,271            | 34,984   |
| 16359R103     | CHEMED ORD  | -   | -             | -             | 64       | 6,514             | 34,087   |
| 163851108     | CHEMOURS ORD  | -   | -             | -             | 600      | 20,326            | 14,874   |
| H1467J104     | CHUBB ORD   | -   | -             | -             | 713      | 89,955            | 109,745  |
| 172755100     | CIRRUS LOGIC ORD  | -   | -             | -             | 200      | 12,508            | 16,440   |
| 17275R102     | CISCO SYSTEMS ORD   | -   | -             | -             | 600      | 11,501            | 26,850   |

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163  
Plan No: 501

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|-----------|---|---|---------------|---------------|------------|-------------------|
|           |   | Coupon Rate                               | Maturity Date | Par or Shares |            |                   |
| 172967424 | CITIGROUP ORD   | - %                                       | -             | 2,089         | \$ 101,088 | \$ 128,808        |
| 185899101 | CLEVELAND CLIFFS ORD  | -   | -             | 5,273         | 39,179     | 76,775            |
| 192479103 | COHERENT ORD  | -   | -             | 163           | 21,955     | 24,453            |
| 20030N101 | COMCAST CL A ORD  | -   | -             | 3,029         | 109,113    | 158,720           |
| 205887102 | CONAGRA BRANDS ORD  | -   | -             | 400           | 14,462     | 14,504            |
| 216831107 | COOPER TIRE AND RUBBER ORD                                    | -   | -             | 400           | 7,908      | 16,200            |
| N22717107 | CORE LABORATORIES ORD   | -   | -             | 271           | 25,766     | 7,184             |
| 21870Q105 | CORESITE REALTY REIT ORD                                      | -   | -             | 75            | 8,056      | 9,396             |
| 22002T108 | CORPORATE OFFICE PROP REIT ORD                                | -   | -             | 150           | 3,839      | 3,912             |
| 224399105 | CRANE ORD   | -   | -             | 260           | 14,944     | 20,192            |
| 231021106 | CUMMINS ORD   | -   | -             | 220           | 33,087     | 49,962            |
| 231082801 | CUMULUS MEDIA CL A ORD  | -   | -             | 300           | 17,380     | 2,616             |
| 126650100 | CVS HEALTH ORD  | -   | -             | 303           | 21,955     | 20,695            |
| 23283R100 | CYRUSONE REIT ORD   | -   | -             | 135           | 7,883      | 9,875             |
| 237266101 | DARLING INGREDIENTS ORD                                       | -   | -             | 571           | 11,456     | 32,935            |
| 23918K108 | DAVITA ORD  | -   | -             | 250           | 21,821     | 29,350            |
| 24665A103 | DELEK US HOLDINGS ORD   | -   | -             | 346           | 11,560     | 5,560             |
| 247361702 | DELTA AIR LINES ORD   | -   | -             | 500           | 25,165     | 20,105            |
| 24869P104 | DENNYS ORD  | -   | -             | 830           | 9,344      | 12,184            |
| 24906P109 | DENTSPLY SIRONA ORD   | -   | -             | 3,955         | 177,110    | 207,084           |
| 254067101 | DILLARDS CL A ORD   | -   | -             | 100           | 7,524      | 6,305             |
| 254423106 | DINE BRANDS GLOBAL ORD  | -   | -             | 162           | 9,791      | 9,396             |
| 254709108 | DISCOVER FINANCIAL SERVICES ORD                               | -   | -             | 400           | 10,071     | 36,212            |
| 25470M109 | DISH NETWORK CL A ORD   | -   | -             | 897           | 31,877     | 29,009            |
| 25525P107 | DIVERSIFIED HEALTHCARE ORD                                    | -   | -             | 1,100         | 18,427     | 4,532             |
| 25754A201 | DOMINOS PIZZA ORD   | -   | -             | 89            | 5,569      | 34,128            |
| 262037104 | DRIL QUIP ORD   | -   | -             | 414           | 21,962     | 12,263            |
| 23355L106 | DXC TECHNOLOGY ORD  | -   | -             | 60            | 2,841      | 1,545             |
| 27579R104 | EAST WEST BANCORP ORD   | -   | -             | 454           | 14,087     | 23,022            |
| 277432100 | EASTMAN CHEMICAL ORD  | -   | -             | 230           | 13,892     | 23,064            |
| 278642103 | EBAY ORD  | -   | -             | 600           | 22,511     | 30,150            |
| 294628102 | EQUITY COMMONWEALTH REIT ORD                                  | -   | -             | 7,688         | 235,124    | 209,729           |
| G3198U102 | ESSENT GROUP ORD  | -   | -             | 500           | 18,215     | 21,600            |
| 29670G102 | ESSENTIAL UTILITIES ORD                                       | -   | -             | 1,401         | 63,383     | 66,253            |
| G3223R108 | EVEREST RE GROUP ORD  | -   | -             | 606           | 122,403    | 141,859           |
| 30161N101 | EXELON ORD  | -   | -             | 700           | 20,331     | 29,554            |
| 30303M102 | FACEBOOK CL A ORD   | -   | -             | 327           | 54,635     | 89,323            |
| 31428X106 | FEDEX ORD   | -   | -             | 70            | 11,621     | 18,173            |
| 316773100 | FIFTH THIRD BANCORP ORD                                       | -   | -             | 700           | 13,702     | 19,299            |
| 31847R102 | FIRST AMERICAN FINANCIAL ORD                                  | -   | -             | 357           | 13,696     | 18,432            |
| 33832D205 | FIVE STAR SENIOR LIV ORD                                      | -   | -             | 74            | 670        | 511               |
| 344849104 | FOOT LOCKER ORD   | -   | -             | 300           | 17,847     | 12,132            |
| 345370860 | FORD MOTOR ORD  | -   | -             | 1,200         | 18,347     | 10,548            |
| 369604103 | GENERAL ELECTRIC ORD  | -   | -             | 7,569         | 68,917     | 81,745            |
| 37045V100 | GENERAL MOTORS ORD  | -   | -             | 1,483         | 49,046     | 61,752            |
| 375558103 | GILEAD SCIENCES ORD   | -   | -             | 200           | 19,575     | 11,652            |
| 37637Q105 | GLACIER BANCORP ORD   | -   | -             | 200           | 4,934      | 9,202             |
| 379577208 | GLOBUS MEDICAL CL A ORD                                       | -   | -             | 111           | 6,335      | 7,239             |
| 38141G104 | GOLDMAN SACHS GROUP ORD                                       | -   | -             | 423           | 71,863     | 111,549           |
| 382550101 | GOODYEAR TIRE AND RUBBER ORD                                  | -   | -             | 200           | 5,825      | 2,182             |
| 416515104 | HARTFORD FINANCIAL SERVICES GRUP ORD                          | -   | -             | 370           | 12,253     | 18,123            |
| 40412C101 | HCA HEALTHCARE ORD  | -   | -             | 230           | 16,972     | 37,826            |
| 421946104 | HEALTHCARE REAL REIT ORD                                      | -   | -             | 2,072         | 60,887     | 61,331            |
| 422806109 | HEICO ORD   | -   | -             | 280           | 7,682      | 37,072            |
| G4388N106 | HELEN OF TROY ORD   | -   | -             | 154           | 12,638     | 34,217            |
| 423452101 | HELMERICH AND PAYNE ORD                                       | -   | -             | 300           | 17,743     | 6,948             |
| 42550U109 | HENKEL 4 ADR REP ORD  | -   | -             | 1,989         | 43,709     | 47,973            |
| 42824C109 | HEWLETT PACKARD ENTERPRISE ORD                                | -   | -             | 700           | 7,634      | 8,295             |
| 431475102 | HILL ROM HOLDINGS ORD   | -   | -             | 216           | 8,013      | 21,162            |
| 43300A203 | HILTON WORLDWIDE HOLDINGS ORD                                 | -   | -             | 490           | 32,184     | 54,517            |
| 40434L105 | HP ORD  | -   | -             | 1,000         | 17,395     | 24,590            |
| 443320106 | HUB GROUP CL A ORD  | -   | -             | 289           | 11,794     | 16,473            |
| 446413106 | HUNTINGTON INGALLS INDUSTRIES ORD                             | -   | -             | 100           | 20,840     | 17,048            |
| 447011107 | HUNTSMAN ORD  | -   | -             | 500           | 7,683      | 12,570            |
| 44930G107 | ICU MEDICAL ORD   | -   | -             | 500           | 90,970     | 107,245           |

(Continued)



# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)       | (b) Identity of Issuer, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including: |               |               | (d) Cost  | (e) Current Value |
|-----------|---|---|---------------|---------------|-----------|-------------------|
|           |   | Coupon Rate                               | Maturity Date | Par or Shares |           |                   |
| 451107106 | IDACORP ORD   | - %                                       | -             | 390           | \$ 30,299 | \$ 37,452         |
| 457187102 | INGREDION ORD   | -   | -             | 130           | 11,205    | 10,227            |
| 45826H109 | INTEGER HOLDINGS ORD  | -   | -             | 247           | 8,464     | 20,054            |
| 458140100 | INTEL ORD   | -   | -             | 1,100         | 26,744    | 54,802            |
| 460146103 | INTERNATIONAL PAPER ORD                                       | -   | -             | 200           | 10,647    | 9,944             |
| 48123V102 | J2 GLOBAL ORD   | -   | -             | 300           | 21,520    | 29,307            |
| G4474Y214 | JANUS HENDERSON GROUP ORD                                     | -   | -             | 501           | 10,916    | 16,288            |
| G50871105 | JAZZ PHARMACEUTICALS ORD                                      | -   | -             | 140           | 18,284    | 23,107            |
| 46625H100 | JPMORGAN CHASE ORD  | -   | -             | 420           | 16,926    | 53,369            |
| 48203R104 | JUNIPER NETWORKS ORD  | -   | -             | 300           | 7,716     | 6,753             |
| 485170302 | KANSAS CITY SOUTHERN ORD                                      | -   | -             | 90            | 10,532    | 18,372            |
| 48666K109 | KB HOME ORD   | -   | -             | 969           | 15,486    | 32,481            |
| 489170100 | KENNAMETAL ORD  | -   | -             | 271           | 8,343     | 9,821             |
| 493267108 | KEYCORP ORD   | -   | -             | 1,800         | 15,183    | 29,538            |
| 494368103 | KIMBERLY CLARK ORD  | -   | -             | 64            | 8,742     | 8,629             |
| 49926D109 | KNOWLES ORD   | -   | -             | 752           | 11,740    | 13,859            |
| 500255104 | KOHL'S ORD  | -   | -             | 200           | 10,308    | 8,138             |
| 500754106 | KRAFT HEINZ ORD   | -   | -             | 450           | 15,630    | 15,597            |
| 501044101 | KROGER ORD  | -   | -             | 900           | 21,246    | 28,584            |
| 512807108 | LAM RESEARCH ORD  | -   | -             | 30            | 3,489     | 14,168            |
| 513847103 | LANCASTER COLONY ORD  | -   | -             | 113           | 13,520    | 20,761            |
| G54050102 | LAZARD CL A ORD   | -   | -             | 725           | 22,252    | 30,667            |
| 521865204 | LEAR ORD  | -   | -             | 100           | 4,232     | 15,903            |
| 526057104 | LENNAR CL A ORD   | -   | -             | 300           | 12,982    | 22,869            |
| 526057302 | LENNAR CL B ORD   | -   | -             | 7             | 468       | 428               |
| 530307305 | LIBERTY BROADBAND SRS C ORD                                   | -   | -             | 724           | 53,701    | 114,660           |
| 53223X107 | LIFE STORAGE ORD  | -   | -             | 37            | 2,595     | 4,417             |
| 533900106 | LINCOLN ELECTRIC HOLDINGS ORD                                 | -   | -             | 241           | 16,835    | 28,016            |
| 534187109 | LINCOLN NATIONAL ORD  | -   | -             | 300           | 21,583    | 15,093            |
| 535555106 | LINDSAY ORD   | -   | -             | 139           | 14,189    | 17,856            |
| 537008104 | LITTELFUSE ORD  | -   | -             | 125           | 18,796    | 31,833            |
| 55024U109 | LUMENTUM HOLDINGS ORD   | -   | -             | 228           | 16,483    | 21,614            |
| N53745100 | LYONDELLBASELL INDUSTRIES CL A ORD                            | -   | -             | 543           | 36,527    | 49,771            |
| 56585A102 | MARATHON PETROLEUM ORD  | -   | -             | 362           | 12,701    | 14,972            |
| 571903202 | MARRIOTT INTERNATIONAL CL A ORD                               | -   | -             | 709           | 60,730    | 93,531            |
| 573284106 | MARTIN MARIETTA MATERIALS ORD                                 | -   | -             | 39            | 8,289     | 11,075            |
| 576323109 | MASTEC ORD  | -   | -             | 400           | 16,162    | 27,272            |
| 58155Q103 | MCKESSON ORD  | -   | -             | 110           | 17,067    | 19,131            |
| 58933Y105 | MERCK & CO ORD  | -   | -             | 500           | 24,013    | 40,900            |
| 589889104 | MERIT MEDICAL SYSTEMS ORD                                     | -   | -             | 1,062         | 47,488    | 58,952            |
| 59001A102 | MERITAGE HOMES ORD  | -   | -             | 443           | 18,146    | 36,689            |
| 59156R108 | METLIFE ORD   | -   | -             | 1,446         | 53,932    | 67,890            |
| 594918104 | MICROSOFT ORD   | -   | -             | 671           | 19,029    | 149,244           |
| 59522J103 | MID AMERICA APT COMMUNITI REIT ORD                            | -   | -             | 116           | 7,900     | 14,696            |
| 596680108 | MIDDLESEX WATER ORD   | -   | -             | 124           | 8,478     | 8,986             |
| 60510V108 | MISSION PRODUCE ORD   | -   | -             | 918           | 11,542    | 13,816            |
| 617446448 | MORGAN STANLEY ORD  | -   | -             | 945           | 37,818    | 64,761            |
| 553777103 | MTS SYSTEMS ORD   | -   | -             | 758           | 44,182    | 44,085            |
| 624758108 | MUELLER WATER PRODUCTS SER A ORD                              | -   | -             | 6,701         | 74,807    | 82,958            |
| 64110L106 | NETFLIX ORD   | -   | -             | 96            | 28,098    | 51,910            |
| 64115T104 | NETSCOUT SYSTEMS ORD  | -   | -             | 594           | 12,954    | 16,287            |
| 65336K103 | NEXSTAR MEDIA GROUP CL A ORD                                  | -   | -             | 80            | 8,257     | 8,735             |
| 65290C105 | NEXTIER OILFIELD SOLUTIONS ORD                                | -   | -             | 850           | 13,288    | 2,924             |
| 665859104 | NORTHERN TRUST ORD  | -   | -             | 1,641         | 133,984   | 152,843           |
| 666807102 | NORTHROP GRUMMAN ORD  | -   | -             | 29            | 8,766     | 8,837             |
| 66765N105 | NORTHWEST NATURAL HOLDING COMPAN ORD                          | -   | -             | 45            | 1,989     | 2,070             |
| 629377508 | NRG ENERGY ORD  | -   | -             | 500           | 16,566    | 18,775            |
| 670704105 | NUVASIVE ORD  | -   | -             | 354           | 12,769    | 19,941            |
| 675232102 | OCEANEERING INTERNATIONAL ORD                                 | -   | -             | 826           | 25,669    | 6,567             |
| 683344105 | ONTO INNOVATION ORD   | -   | -             | 386           | 13,868    | 18,354            |
| 68389X105 | ORACLE ORD  | -   | -             | 470           | 25,874    | 30,404            |
| 688239201 | OSHKOSH ORD   | -   | -             | 300           | 22,315    | 25,821            |
| 695263103 | PACW PACWEST BANCORP ORD                                      | -   | -             | 425           | 11,788    | 10,795            |
| 69327R101 | PDC ENERGY ORD  | -   | -             | 793           | 21,201    | 16,280            |
| 70959W103 | PENSKE AUTOMOTIVE GROUP VTG ORD                               | -   | -             | 300           | 13,933    | 17,817            |

(Continued)

# **DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN**

**Employer ID No: 87-00440163**  
**Plan No: 501**

## **FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)** **AS OF DECEMBER 31, 2020**

| (a)       | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including: |               |               | (d) Cost  | (e) Current Value |
|-----------|--|---|---------------|---------------|-----------|-------------------|
|           |  | Coupon Rate                               | Maturity Date | Par or Shares |           |                   |
| 717081103 | PFIZER ORD   | - %                                       | -             | 1,600         | \$ 29,199 | \$ 58,896         |
| 718546104 | PHILLIPS 66 ORD  | -   | -             | 340           | 12,846    | 23,780            |
| 72147K108 | PILGRIMS PRIDE ORD   | -   | -             | 300           | 6,771     | 5,883             |
| 729132100 | PLEXUS ORD   | -   | -             | 192           | 6,787     | 15,016            |
| 693475105 | PNC FINANCIAL SERVICES GROUP ORD                           | -   | -             | 200           | 12,198    | 29,800            |
| 731068102 | POLARIS INDUSTRIES ORD                                     | -   | -             | 223           | 18,522    | 21,247            |
| 74112D101 | PRESTIGE CONSUMER HEALTHCARE ORD                           | -   | -             | 92            | 4,731     | 3,208             |
| 743606105 | PROSPERITY BANCSHARES ORD                                  | -   | -             | 159           | 9,629     | 11,028            |
| 744320102 | PRUDENTIAL FINANCIAL ORD                                   | -   | -             | 200           | 11,460    | 15,614            |
| 745867101 | PULTEGROUP ORD   | -   | -             | 700           | 19,608    | 30,184            |
| 74736K101 | QORVO ORD  | -   | -             | 255           | 5,900     | 42,399            |
| 750236101 | RADIAN GROUP ORD   | -   | -             | 500           | 8,241     | 10,125            |
| 75281A109 | RANGE RESOURCES ORD  | -   | -             | 1,283         | 16,982    | 8,596             |
| 754730109 | RAYMOND JAMES ORD  | -   | -             | 311           | 13,761    | 29,753            |
| 758750103 | REGAL BELOIT ORD   | -   | -             | 133           | 9,018     | 16,334            |
| 75886F107 | REGENERON PHARMACEUTICALS ORD                              | -   | -             | 30            | 11,453    | 14,493            |
| 7591EP100 | REGIONS FINANCIAL ORD                                      | -   | -             | 800           | 11,806    | 12,896            |
| 759351604 | REINSURANCE GROUP OF AMER ORD                              | -   | -             | 230           | 21,947    | 26,657            |
| 74965L101 | RLJ LODGING REIT ORD                                       | -   | -             | 605           | 15,874    | 8,561             |
| 79546E104 | SALLY BEAUTY HOLDINGS ORD                                  | -   | -             | 847           | 9,477     | 11,045            |
| 800013104 | SANDERSON FARMS ORD  | -   | -             | 1,137         | 132,014   | 150,311           |
| 810186106 | SCOTTS MIRACLE GRO ORD                                     | -   | -             | 214           | 11,802    | 42,616            |
| G7945M107 | SEAGATE TECHNOLOGY ORD                                     | -   | -             | 340           | 8,224     | 21,134            |
| 816850101 | SEMTECH ORD  | -   | -             | 356           | 17,593    | 25,664            |
| 81761L102 | SERVICE PROPERTIES TRUST ORD                               | -   | -             | 300           | 8,084     | 3,447             |
| 827048109 | SILGAN HOLDINGS ORD  | -   | -             | 700           | 21,855    | 25,956            |
| 784305104 | SIJW GROUP ORD   | -   | -             | 1,427         | 96,641    | 98,977            |
| 83175M205 | SMITH NEPHEW ADR REP 2 ORD                                 | -   | -             | 3,766         | 155,150   | 158,812           |
| 833034101 | SNAP ON ORD  | -   | -             | 120           | 20,951    | 20,537            |
| 848574109 | SPIRIT AEROSYSTEMS HLDGS A ORD                             | -   | -             | 200           | 12,036    | 7,818             |
| 852857200 | STAMPS.COM ORD   | -   | -             | 183           | 15,032    | 35,903            |
| 857477103 | STATE STREET ORD   | -   | -             | 240           | 12,272    | 17,467            |
| G8473T100 | STERIS ORD   | -   | -             | 190           | 14,499    | 36,013            |
| 860630102 | STIFEL FINANCIAL ORD                                       | -   | -             | 295           | 8,305     | 14,860            |
| 78486Q101 | SVB FINANCIAL GROUP ORD                                    | -   | -             | 192           | 16,683    | 74,463            |
| 87157D109 | SYNAPTICS ORD  | -   | -             | 479           | 18,949    | 46,176            |
| 87612E106 | TARGET ORD   | -   | -             | 200           | 14,882    | 35,306            |
| 87901J105 | TEGNA ORD  | -   | -             | 300           | 2,532     | 4,185             |
| 879360105 | TELEDYNE TECH ORD  | -   | -             | 75            | 6,928     | 29,399            |
| 880779103 | TEREX ORD  | -   | -             | 764           | 25,786    | 26,656            |
| 883203101 | TEXTRON ORD  | -   | -             | 300           | 15,262    | 14,499            |
| 891092108 | TORO ORD   | -   | -             | 306           | 7,586     | 29,021            |
| 89214P109 | TOWNE BANK ORD   | -   | -             | 449           | 8,426     | 10,543            |
| 89417E109 | TRAVELERS COMPANIES ORD                                    | -   | -             | 1,816         | 207,977   | 254,912           |
| 896522109 | TRINITY INDUSTRIES ORD                                     | -   | -             | 482           | 11,289    | 12,720            |
| 902494103 | TYSON FOODS CL A ORD                                       | -   | -             | 400           | 28,075    | 25,776            |
| 902788108 | UMB FINANCIAL ORD  | -   | -             | 476           | 27,023    | 32,839            |
| 904214103 | UMPQUA HOLDINGS ORD  | -   | -             | 1,084         | 18,791    | 16,412            |
| 910047109 | UNITED AIRLINES HOLDINGS ORD                               | -   | -             | 200           | 14,499    | 8,650             |
| 91324P102 | UNITEDHEALTH GRP ORD                                       | -   | -             | 166           | 5,770     | 58,213            |
| 913903100 | UNIVERSAL HEALTH SERVICES CL B ORD                         | -   | -             | 62            | 6,800     | 8,525             |
| 91529Y106 | UNUM ORD   | -   | -             | 500           | 13,721    | 11,470            |
| 91913Y100 | VALERO ENERGY ORD  | -   | -             | 300           | 30,285    | 16,971            |
| 919794107 | VALLEY NATIONAL ORD  | -   | -             | 4,237         | 32,741    | 41,311            |
| 92220P105 | VARIAN MEDICAL SYSTEMS ORD                                 | -   | -             | 404           | 70,196    | 70,704            |
| 922417100 | VEECO INSTRUMENTS ORD                                      | -   | -             | 379           | 13,174    | 6,579             |
| 92339V308 | VEREIT ORD   | -   | -             | 620           | 24,144    | 23,430            |
| 92343X100 | VERINT SYSTEMS ORD   | -   | -             | 392           | 14,297    | 26,335            |
| 92343V104 | VERIZON COMMUNICATIONS ORD                                 | -   | -             | 1,200         | 64,131    | 70,500            |
| 92556H206 | VIACOMCBS CL B ORD   | -   | -             | 178           | 20,675    | 6,632             |
| 92556V106 | VIATRIS ORD  | -   | -             | 198           | 1,599     | 3,711             |
| 928298108 | VISHAY INTERTECH ORD                                       | -   | -             | 1,773         | 23,690    | 36,719            |
| 92840M102 | VISTRA ORD   | -   | -             | 700           | 18,877    | 13,762            |
| 929089100 | VOYA FINANCIAL ORD   | -   | -             | 300           | 17,902    | 17,643            |
| 929740108 | WABTEC ORD   | -   | -             | 219           | 14,272    | 16,031            |

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)                              | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including: |               |                   | (d) Cost           | (e) Current Value  |
|----------------------------------|--|---|---------------|-------------------|--------------------|--------------------|
|                                  |  | Coupon Rate                               | Maturity Date | Par or Shares     |                    |                    |
| 931427108                        | WALGREEN BOOTS ALLIANCE ORD                                | - %                                       | -             | 500               | \$ 35,107          | \$ 19,940          |
| 254687106                        | WALT DISNEY ORD  | -   | -             | 233               | 21,320             | 42,215             |
| G48833118                        | WEATHERFORD INTERNATIONAL ORD                              | -   | -             | 467               | 13,543             | 2,732              |
| 947890109                        | WEBSTER FINANCIAL ORD                                      | -   | -             | 307               | 7,617              | 12,940             |
| 949746101                        | WELLS FARGO ORD  | -   | -             | 2,957             | 113,333            | 89,242             |
| 950755108                        | WERNER ENTERPRISES ORD                                     | -   | -             | 441               | 17,722             | 17,296             |
| 955306105                        | WEST PHARM SVC ORD   | -   | -             | 132               | 5,029              | 37,397             |
| 96145D105                        | WESTROCK ORD   | -   | -             | 500               | 21,947             | 21,765             |
| 963320106                        | WHIRLPOOL ORD  | -   | -             | 100               | 8,160              | 18,049             |
| G9618E107                        | WHITE MOUNTAINS INSURANCE ORD                              | -   | -             | 70                | 64,054             | 70,046             |
| 974637100                        | WINNEBAGO INDS ORD   | -   | -             | 457               | 18,750             | 27,393             |
| 97650W108                        | WINTRUST FINANCIAL ORD                                     | -   | -             | 213               | 7,988              | 13,012             |
| 980745103                        | WOODWARD ORD   | -   | -             | 72                | 6,283              | 8,750              |
| 84423102                         | WR BERKLEY ORD   | -   | -             | 254               | 15,963             | 16,871             |
| 98310W108                        | WYNDHAM DESTINATIONS ORD                                   | -   | -             | 200               | 6,336              | 8,972              |
| 985817105                        | YELP ORD   | -   | -             | 1,160             | 31,298             | 37,897             |
|                                  |  |   |               | <u>179,689</u>    | <u>7,014,146</u>   | <u>9,357,736</u>   |
| COLLECTIVE TRUSTS:               |  |   |               |                   |                    |                    |
| SSRAFCMD                         | State Street RAFI US Non-Lending Trust Fund CMD            | -   | -             | 397,841           | 4,902,798          | 5,814,842          |
|                                  |  |   |               | <u>397,841</u>    | <u>4,902,798</u>   | <u>5,814,842</u>   |
| REGISTERED INVESTMENT COMPANIES: |  |   |               |                   |                    |                    |
| 00170K745                        | AMG TIMESSQUAREMCG Z                                       | -   | -             | 202,308           | 3,537,633          | 4,177,663          |
| 04314H402                        | ARTISAN:INTERNATL INST                                     | -   | -             | 148,578           | 3,827,295          | 5,167,534          |
| 91936153                         | BLACKROCK:IS TUS SM K                                      | -   | -             | 1,510,514         | 20,072,474         | 27,174,147         |
| 246248850                        | DELAWARE PLD:MAC HY BOND                                   | -   | -             | 168,938           | 1,288,655          | 1,206,215          |
| 233203819                        | DFA US SMALL CAP VAL I                                     | -   | -             | 50,191            | 1,349,061          | 1,728,086          |
| 23320G471                        | DFA WLD EX US VAL I  | -   | -             | 829,096           | 9,668,096          | 9,169,799          |
| 35908Y708                        | FRONTIER MFG GL EQ INS                                     | -   | -             | 155,505           | 2,644,072          | 3,220,505          |
| 362008245                        | GMO QUALITY IV   | -   | -             | 175,808           | 4,081,736          | 4,511,232          |
| 381430503                        | GOLDMAN:AB US LG CAP EQ                                    | -   | -             | 101,796           | 4,518,572          | 7,704,939          |
| 317609352                        | GRANDEUR ITL OPP INST                                      | -   | -             | 1,141,339         | 3,519,021          | 5,364,293          |
| 4812C0159                        | JPMORGAN:MTGE SECS R6                                      | -   | -             | 1,567,744         | 17,617,850         | 18,107,443         |
| 46641U564                        | JPMORGAN:US VALUE R6                                       | -   | -             | 89,328            | 4,599,821          | 5,214,957          |
| 54401E622                        | LORD ABBETT SH DUR R6                                      | -   | -             | 7,580,907         | 31,612,072         | 31,915,619         |
| 54401E432                        | LORD ABBETT UL SHT BD R6                                   | -   | -             | 5,021,849         | 50,417,582         | 50,419,368         |
| 552746356                        | MFS INTL GROWTH R6   | -   | -             | 83,161            | 3,028,159          | 3,544,301          |
| 89155T524                        | TOUCHSTONE:SEL GRO INST                                    | -   | -             | 270,850           | 3,365,053          | 5,517,216          |
| 922908868                        | VANGUARD GRO IDX INST                                      | -   | -             | 25,553            | 2,405,162          | 3,333,900          |
| 922031760                        | VANGUARD HY CORP ADM                                       | -   | -             | 10,822            | 62,520             | 64,715             |
| 922040209                        | VANGUARD INSTL INDX INSP                                   | -   | -             | 3,868             | 1,001,423          | 1,282,100          |
| 922031810                        | VANGUARD INT-TM INV ADM                                    | -   | -             | 35,018            | 343,479            | 366,642            |
| 922908819                        | VANGUARD SC G ID INS                                       | -   | -             | 33,918            | 1,820,912          | 2,553,703          |
| 922031877                        | VANGUARD SH-TM INV INST                                    | -   | -             | 4,953,842         | 53,578,464         | 54,640,879         |
| 92189F437                        | VNECK VCTRS:FA HI YD BD                                    | -   | -             | 65,241            | 2,012,548          | 2,094,236          |
| 92913L569                        | VOYA:INTMDT BD R6  | -   | -             | 213,805           | 2,227,766          | 2,279,161          |
|                                  |  |   |               | <u>24,439,979</u> | <u>228,599,426</u> | <u>250,758,653</u> |
| REAL ESTATE:                     |  |   |               |                   |                    |                    |
| HARRICRED                        | HARRISON STREET CORE PROPERTY FUND                         | -   | -             | 3,221             | 3,889,061          | 4,549,108          |
| HEITM3RED                        | HEITMAN III  | -   | -             | 82,686            | 82,686             | 88,337             |
| LIONITRED                        | LION INDUSTRIAL TRUST PROPERTIES                           | -   | -             | 2,347             | 3,540,590          | 5,460,187          |
| MORGSPRED                        | MORGAN STANLEY PRIME PROPERTY FUND                         | -   | -             | 261               | 3,274,118          | 4,883,148          |
| PRISLPRED                        | PRISA LP DHC   | -   | -             | 833               | 733,801            | 1,481,987          |
| RREEF2RED                        | RREEF AMERICA REIT II                                      | -   | -             | 9,883             | 968,447            | 1,235,567          |
| SENHOSRED                        | SENIOR HOUSING PARTNERS V                                  | -   | -             | 1,277,790         | 1,277,790          | 1,489,033          |
| TAFD10RED                        | TA FUND X RE   | -   | -             | 96,734            | 96,734             | 105,358            |

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)                              | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including: |               |                   | (d) Cost            | (e) Current Value   |
|----------------------------------|--|---|---------------|-------------------|---------------------|---------------------|
|                                  |  | Coupon Rate                               | Maturity Date | Par or Shares     |                     |                     |
| TAFDIRED                         | THE REALTY ASSOCIATES FUND XI                              | - %                                       | -             | 844,126           | \$ 844,126          | \$ 1,057,809        |
| UBSTRURED                        | UBS TRUMBULL PROPERTY FUND DHC                             | -   | -             | 108               | 878,556             | 1,061,218           |
| USAAEARED                        | USAA EAGLE PRM/DHC RE                                      | -   | -             | 713,150           | 713,150             | 1,235,280           |
|                                  |  |   |               | <u>3,031,138</u>  | <u>16,299,059</u>   | <u>22,647,032</u>   |
| LIMITED PARTNERSHIPS:            |  |   |               |                   |                     |                     |
| ANGEL4NGD                        | ANGELO GORDON IV LP  | -   | -             | 500,000           | 500,000             | 513,829             |
| CERLIVDAD                        | Cerberus   | -   | -             | 191,898           | 191,898             | 213,146             |
| CERLL3DAD                        | CERBERUS OFFSHORE LEVERAGE LOAN FD III                     | -   | -             | 1,074,995         | 1,074,995           | 1,236,986           |
| CERLL2DAD                        | CERBERUS OFFSHORE LEVERAGED LOAN FD II                     | -   | -             | 1                 | 1                   | 393,637             |
| CHRBK2NID                        | CHARLESBK OPP II   | -   | -             | 357,702           | 357,702             | 391,498             |
| DISCMCCMD                        | DISCIPLINED MICROCAP EQUITY                                | -   | -             | 188,592           | 1,895,100           | 2,527,496           |
| FIERA0LPD                        | FIERA INTL EQUITY LONG LP                                  | -   | -             | 1,473,352         | 1,500,000           | 1,778,832           |
| GOLDP4NID                        | GOLDPOINT IV NIGD  | -   | -             | 1,931,447         | 1,931,447           | 1,942,108           |
| JPMCBGEMO                        | JPMCB GLOBAL EM  | -   | -             | 297,123           | 6,121,449           | 7,772,745           |
| LEVNE4FID                        | LEVINE LEICHTMAN CAPITAL PARTNERS IV FI                    | -   | -             | 1,125,996         | 1,125,996           | 431,486             |
| LEVNE5FID                        | LEVINE LEICHTMAN CAPITAL PARTNERS V                        | -   | -             | 1,552,216         | 1,552,216           | 2,209,146           |
| MONDRILPD                        | MONDRILPD  | -   | -             | 197,728           | 6,000,000           | 7,328,025           |
| PAPE3CFID                        | PA PRIVATE EQUITY FUND III, CLASS C                        | -   | -             | 118,742           | 118,742             | 108,514             |
| PACIBLCMD                        | PACIFIC BANK LOAN CO-MINGLED FUND                          | -   | -             | 2,797,720         | 3,029,617           | 3,627,229           |
| VISCR3PED                        | VISTA CREDIT PARTNERS III                                  | -   | -             | 169,616           | 169,616             | 170,810             |
|                                  |  |   |               | <u>11,977,129</u> | <u>25,568,779</u>   | <u>30,645,487</u>   |
| OTHER:                           |  |   |               |                   |                     |                     |
| 427098116                        | HERCULES TRUST II  | -   | -             | 85                | -                   | 986                 |
| 441091114                        | HOSTESS BRANDS EQY WARRANT                                 | -   | -             | 16,060            | 27,090              | 25,535              |
| 91734M111                        | US ECOLOGY EQY WARRANTS                                    | -   | -             | 305               | 1,436               | 1,742               |
| 92511U110                        | VERRA MOBILITY EQY WARRANT                                 | -   | -             | 4,700             | 16,259              | 18,800              |
|                                  |  |   |               | <u>21,150</u>     | <u>44,785</u>       | <u>47,063</u>       |
| COLLATERAL HELD UNDER SECURITIES |  |   |               |                   |                     |                     |
| LENDING AGREEMENTS:              | Cash*  |   |               |                   | <u>\$ 1,359,110</u> | <u>\$ 1,359,110</u> |

\* The cash included in this supplemental schedule is restricted and held as collateral under a securities lending arrangement.

See accompanying independent auditors' report.

(Concluded)

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-0440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS AS OF DECEMBER 31, 2020

| (a) Identity of Party Involved | (b) Description of Asset<br>(Include Interest Rate and Maturity In Case of a Loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | Number of Transactions | (f) Expense Incurred With Transaction* | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or Loss |
|--------------------------------|--|--------------------|-------------------|------------------|------------------------|--|-------------------|--|----------------------|
| <b>SINGLE TRANSACTIONS</b>     |  |                    |                   |                  |                        |  |                   |  |                      |
| Lord Abbett                    | Short-Term Investment Fund   | \$ 23,000,000      | \$ -              | \$ -             | 1                      | \$ -                                   | \$ 23,000,000     | \$ 23,000,000                                  | \$ -                 |
| <b>SERIES IN SAME SECURITY</b> |  |                    |                   |                  |                        |  |                   |  |                      |
| Lord Abbett                    | Short-Term Investment Fund   | \$ 50,417,582      | \$ -              | \$ -             | 16                     | \$ -                                   | \$ 50,417,582     | \$ 50,417,582                                  | \$ -                 |
| Vanguard                       | Short-Term Investment Fund   | 40,120,050         | -                 | -                | 29                     | -                                      | 40,120,080        | 40,120,080                                     | -                    |
| Vanguard                       | Short-Term Investment Fund   | -                  | 35,000,000        | -                | 7                      | -                                      | 33,831,111        | 35,000,000                                     | 1,168,889            |
| Lord Abbett                    | Short-Term Investment Fund   | -                  | 27,000,000        | -                | 5                      | -                                      | 27,032,081        | 27,000,000                                     | (32,081)             |

\* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the Trustee.

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)                                      | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including: |               |               | (d) Cost   | (e) Current Value |
|--|--|---|---------------|---------------|------------|-------------------|
|  |  | Coupon Rate                               | Maturity Date | Par or Shares |            |                   |
| U.S. GOVERNMENT SECURITIES:<br>38374D8E2 | GNR 2013-058 C   | 2.50 %                                    | 04/20/2043    | 354,918       | \$ 352,904 | \$ 355,449        |
|  |  |   |               | 354,918       | 352,904    | 355,449           |
| CORPORATE DEBT INSTRUMENTS:              |  |   |               |               |            |                   |
| 00922RAB1                                | AIR TRANSPORT SERVICES GROUP INC                           | 1.13                                      | 10/15/2024    | 40,000        | 40,064     | 47,476            |
| 00971TAJ0                                | AKAMAI TECHNOLOGIES INC                                    | 0.13                                      | 05/01/2025    | 30,000        | 31,671     | 37,130            |
| 00971TAL5                                | AKAMAI TECHNOLOGIES INC                                    | 0.38                                      | 09/01/2027    | 60,000        | 68,022     | 66,857            |
| 02156BAF0                                | ALTERYX INC  | 1.00                                      | 08/01/2026    | 40,000        | 42,880     | 42,217            |
| 001ESC9D6                                | AMR CORP ESCROW  | -   | 12/29/2049    | 10,000        | 1,554      | -                 |
| 00206RMF6                                | AT&T INC   | 2.55                                      | 12/01/2033    | 955,000       | 833,017    | 979,007           |
| 049164BH8                                | ATLAS AIR WORLDWIDE HOLDINGS INC                           | 2.25                                      | 06/01/2022    | 20,000        | 18,719     | 20,755            |
| 049164BJ4                                | ATLAS AIR WORLDWIDE HOLDINGS INC                           | 1.88                                      | 06/01/2024    | 25,000        | 25,778     | 28,364            |
| 05348EBA6                                | AVALONBAY COMMUNITIES INC                                  | 3.35                                      | 05/15/2027    | 1,000,000     | 996,589    | 1,120,068         |
| 06051GHC6                                | BANK OF AMERICA CORP                                       | 3.00                                      | 12/20/2023    | 379,820       | 379,222    | 399,764           |
| 06051GFB0                                | BANK OF AMERICA CORP                                       | 4.13                                      | 01/22/2024    | 1,000,000     | 1,013,338  | 1,108,334         |
| 06739GCF4                                | BARCLAYS BANK PLC  | -   | 02/18/2025    | 15,000        | 14,649     | 16,725            |
| 06738G8A1                                | BARCLAYS BANK PLC  | -   | 02/04/2025    | 100,000       | 117,791    | 127,130           |
| 09061GAJ0                                | BIOMARIN PHARMACEUTICAL INC                                | 1.25                                      | 05/15/2027    | 20,000        | 22,212     | 20,900            |
| 09709THH7                                | BOFA FINANCE LLC   | 0.13                                      | 09/01/2022    | 50,000        | 50,756     | 58,150            |
| 09709TED9                                | BOFA FINANCE LLC   | 0.25                                      | 05/01/2023    | 15,000        | 14,082     | 15,656            |
| 122017AA4                                | BURLINGTON STORES INC                                      | 2.25                                      | 04/15/2025    | 25,000        | 25,881     | 34,632            |
| 166754AP6                                | CHEVRON PHILLIPS CHEMICAL COMPANY LLC                      | 3.40                                      | 12/01/2026    | 1,000,000     | 998,563    | 1,124,047         |
| 194693AA5                                | COLLIERS INTERNATIONAL GROUP INC                           | 4.00                                      | 06/01/2025    | 25,000        | 29,970     | 43,063            |
| 66705PAC7                                | COLONY CAPITAL INC   | 5.38                                      | 06/15/2033    | 25,000        | 25,342     | 24,648            |
| 20030NBV6                                | COMCAST CORP   | 3.30                                      | 02/01/2027    | 1,000,000     | 998,743    | 1,128,184         |
| 200300606V2                              | Comcast Corporation 2.0% Debentures                        | 2.00                                      | 11/15/2029    | 700           | 43,928     | 42,630            |
| 207410AF8                                | CONMED CORP  | 2.63                                      | 02/01/2024    | 40,000        | 44,244     | 55,915            |
| 21870UAC0                                | COREENERGY INFRASTRUCTURE TRUST INC                        | 5.88                                      | 08/15/2025    | 27,000        | 24,250     | 19,273            |
| 22266LAE6                                | COUPA SOFTWARE INC   | 0.38                                      | 06/15/2026    | 20,000        | 22,261     | 26,895            |
| 233851CU6                                | DAIMLER FINANCE NORTH AMERICA LLC                          | 3.45                                      | 01/06/2027    | 1,000,000     | 997,418    | 1,118,589         |
| 247ESCA00                                | DELTA PETROLEUM  | -   | 12/29/2049    | 70,000        | 10,881     | -                 |
| 25155MKU4                                | DEUTSCHE BANK AG (LONDON BRANCH)                           | 1.00                                      | 05/01/2023    | 120,000       | 120,538    | 139,200           |
| 252131AJ6                                | DEXCOM INC   | 0.25                                      | 11/15/2025    | 10,000        | 9,876      | 10,056            |
| 25470MAD1                                | DISH NETWORK CORP  | 2.38                                      | 03/15/2024    | 23,000        | 20,834     | 21,434            |
| B33899AC7PP                              | ECONOCOM GROUP SE  | 0.50                                      | 03/06/2023    | 17,189        | 16,498     | 18,310            |
| 29670G201                                | ESSENTIAL UTILITIES INC                                    | 6.00                                      | 04/30/2022    | 1,331         | 77,757     | 80,659            |
| 313747AY3                                | FEDERAL REALTY INVESTMENT TRUST                            | 3.25                                      | 07/15/2027    | 500,000       | 496,854    | 543,796           |
| 32076VAB9                                | FIRST MAJESTIC SILVER CORP                                 | 1.88                                      | 03/01/2023    | 5,000         | 5,886      | 7,514             |
| 33938JAB2                                | FLEXION THERAPEUTICS INC                                   | 3.38                                      | 05/01/2024    | 68,000        | 62,952     | 60,010            |
| 375558AZ6                                | GILEAD SCIENCES INC  | 3.50                                      | 02/01/2025    | 1,000,000     | 1,004,384  | 1,104,672         |
| 393657AK7                                | GREENBRIER COMPANIES INC                                   | 2.88                                      | 02/01/2024    | 21,000        | 19,878     | 21,220            |
| 404139AD9                                | HC2 HOLDINGS INC   | 11.50                                     | 12/01/2021    | 23,000        | 22,158     | 22,885            |
| 404139AF4                                | HC2 HOLDINGS INC   | 7.50                                      | 06/01/2022    | 30,000        | 25,966     | 28,687            |
| 42330PAH0                                | HELIX ENERGY SOLUTIONS GROUP INC                           | 4.25                                      | 05/01/2022    | 18,000        | 17,251     | 17,185            |
| 42330PAK3                                | HELIX ENERGY SOLUTIONS GROUP INC                           | 6.75                                      | 02/15/2026    | 32,000        | 30,000     | 33,236            |
| 43940TAB5                                | HOPE BANCORP INC   | 2.00                                      | 05/15/2038    | 74,000        | 71,700     | 68,844            |
| 452327AK5                                | ILLUMINA INC   | -   | 08/15/2023    | 8,000         | 8,702      | 9,017             |
| H41929AC6                                | IMPLENIA AG  | 0.50                                      | 06/30/2022    | 20,000        | 19,758     | 21,496            |
| 456866AK8                                | INGERSOLL-RAND CO  | 6.39                                      | 11/15/2027    | 400,000       | 400,000    | 506,810           |
| 45845PAA6                                | INTERCEPT PHARMACEUTICALS INC                              | 3.25                                      | 07/01/2023    | 23,000        | 18,360     | 17,731            |
| 45867GAB7                                | INTERDIGITAL WIRELESS INC                                  | 2.00                                      | 06/01/2024    | 40,000        | 40,251     | 42,084            |
| 48128DAC1                                | JPMORGAN CHASE BANK NA                                     | 0.13                                      | 01/01/2023    | 100,000       | 104,914    | 115,438           |
| 483548AF0                                | KAMAN CORP   | 3.25                                      | 05/01/2024    | 90,000        | 98,108     | 103,658           |
| 48242WAB2                                | KBR INC  | 2.50                                      | 11/01/2023    | 40,000        | 43,596     | 54,726            |
| 524901600                                | LEGG MASON INC   | 5.45                                      | 09/15/2056    | 7,753         | 197,083    | 198,477           |
| 524901501                                | LEGG MASON INC   | 6.38                                      | 03/15/2056    | 7,753         | 195,371    | 196,228           |
| 525ESC8C6                                | LEHMAN ESCROW  | -   | 01/01/2049    | 440,000       |            | 4,928             |
| 52603BAC1                                | LENDINGTREE INC  | 0.50                                      | 07/15/2025    | 25,000        | 25,644     | 24,316            |
| 530715AL5                                | LIBERTY INTERACTIVE LLC                                    | 3.75                                      | 02/15/2030    | 33,846        | 24,995     | 25,935            |
| 53069QAB5                                | LIBERTY LATIN AMERICA LTD                                  | 2.00                                      | 07/15/2024    | 24,000        | 17,966     | 22,806            |
| 531229AJ1                                | LIBERTY MEDIA CORP   | 2.75                                      | 12/01/2049    | 25,000        | 24,443     | 25,788            |
| 531229AB8                                | LIBERTY MEDIA CORP   | 1.38                                      | 10/15/2023    | 100,000       | 105,399    | 126,400           |

(Continued)

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)              | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including: |               |                   | (d) Cost          | (e) Current Value |
|------------------|--|---|---------------|-------------------|-------------------|-------------------|
|                  |  | Coupon Rate                               | Maturity Date | Par or Shares     |                   |                   |
| 55608BAB1        | MACQUARIE INFRASTRUCTURE CORP                              | 2.00 %                                    | 10/01/2023    | 25,000            | \$ 23,478         | \$ 24,875         |
| 566330AA4        | MARCUS CORP  | 5.00                                      | 09/15/2025    | 20,000            | 20,000            | 28,684            |
| 58013MEY6        | MCDONALD'S CORP  | 3.70                                      | 01/30/2026    | 600,000           | 598,443           | 683,453           |
| 55272XAA0        | MFA FINANCIAL INC  | 6.25                                      | 06/15/2024    | 25,000            | 25,160            | 24,875            |
| 552848AB9        | MGIC INVESTMENT CORP                                       | 9.00                                      | 04/01/2063    | 19,000            | 15,895            | 24,558            |
| 596278AA9        | MIDDLEBY CORP  | 1.00                                      | 09/01/2025    | 50,000            | 52,497            | 61,063            |
| 61746BCY0        | MORGAN STANLEY   | 6.25                                      | 08/09/2026    | 1,000,000         | 1,120,944         | 1,275,901         |
| 62957HAB1        | NABORS INDUSTRIES INC                                      | 0.75                                      | 01/15/2024    | 29,000            | 23,321            | 14,872            |
| 65341BAD8        | NEXTERA ENERGY PARTNERS LP                                 | -   | 11/15/2025    | 30,000            | 28,877            | 29,935            |
| 66980MAA4        | NOVA MEASURING INSTRUMENTS LTD                             | -   | 10/15/2025    | 55,000            | 56,281            | 62,116            |
| 67077MAE8        | NUTRIEN LTD  | 4.00                                      | 12/15/2026    | 1,000,000         | 994,057           | 1,162,327         |
| 678026AH8        | OIL STATES INTERNATIONAL INC                               | 1.50                                      | 02/15/2023    | 32,000            | 25,253            | 24,410            |
| 682189AP0        | ON SEMICONDUCTOR CORP                                      | 1.63                                      | 10/15/2023    | 25,000            | 27,037            | 41,887            |
| 697435AD7        | PALO ALTO NETWORKS INC                                     | 0.75                                      | 07/01/2023    | 90,000            | 91,584            | 126,937           |
| 69327RAD3        | PDC ENERGY INC   | 1.13                                      | 09/15/2021    | 23,000            | 22,072            | 22,346            |
| 70509VAA8        | PEBBLEBROOK HOTEL TRUST                                    | 1.75                                      | 12/15/2026    | 55,000            | 56,005            | 58,480            |
| 722304AC6        | PINDUODUO INC  | -   | 12/01/2025    | 40,000            | 40,915            | 49,332            |
| 723787AN7        | PIONEER NATURAL RESOURCES CO                               | 0.25                                      | 05/15/2025    | 60,000            | 61,586            | 79,721            |
| 74139CAB8        | PRETIUM RESOURCES INC                                      | 2.25                                      | 03/15/2022    | 25,000            | 26,799            | 26,750            |
| 74348TAT9        | PROSPECT CAPITAL CORP                                      | 6.38                                      | 03/01/2025    | 24,000            | 24,207            | 24,640            |
| 75574U200        | READY CAPITAL CORP   | 7.00                                      | 08/15/2023    | 600               | 15,000            | 14,652            |
| 761330AA7        | REVANCE THERAPEUTICS INC                                   | 1.75                                      | 02/15/2027    | 40,000            | 42,448            | 44,860            |
| 780153BA9        | ROYAL CARIBBEAN CRUISES LTD                                | 4.25                                      | 06/15/2023    | 55,000            | 57,930            | 73,108            |
| 824689AG8        | SFL CORPORATION LTD  | 4.88                                      | 05/01/2023    | 29,000            | 26,710            | 24,603            |
| 82452JAA7        | SHIFT4 PAYMENTS INC  | -   | 12/15/2025    | 20,000            | 20,000            | 24,406            |
| 826919AC6        | SILICON LABORATORIES INC                                   | 0.63                                      | 06/15/2025    | 15,000            | 15,000            | 18,840            |
| 828807CY1        | SIMON PROPERTY GROUP LP                                    | 3.25                                      | 11/30/2026    | 1,000,000         | 981,514           | 1,108,140         |
| 82938NAC8        | SINOPEC GROUP OVERSEAS DEVELOPMENT (2017) LTD              | 3.63                                      | 04/12/2027    | 1,000,000         | 995,666           | 1,096,740         |
| 83205YAA2        | SMART GLOBAL HOLDINGS INC                                  | 2.25                                      | 02/15/2026    | 55,000            | 52,317            | 62,374            |
| 844741BG2        | SOUTHWEST AIRLINES CO                                      | 1.25                                      | 05/01/2025    | 85,000            | 87,069            | 123,463           |
| 848637AE4        | SPLUNK INC   | 1.13                                      | 06/15/2027    | 55,000            | 56,153            | 57,164            |
| 852234AH6        | SQUARE INC   | 0.25                                      | 11/01/2027    | 90,000            | 90,000            | 99,733            |
| 86213DAA1        | STORCENTRIC, INC.  | 5.88                                      | 02/19/2023    | 400,000           | 400,000           | 401,000           |
| 48273UAA0        | STRIDE INC   | 1.13                                      | 09/01/2027    | 5,000             | 5,000             | 4,057             |
| 868459AD0        | SUPERNUS PHARMACEUTICALS INC                               | 0.63                                      | 04/01/2023    | 16,000            | 13,600            | 15,173            |
| 875372AA2        | TANDEM DIABETES CARE INC                                   | 1.50                                      | 05/01/2025    | 40,000            | 46,289            | 47,108            |
| 87900YAE3        | TEEKAY CORP  | 5.00                                      | 01/15/2023    | 23,000            | 19,603            | 19,828            |
| 91705JAA3        | URBAN ONE INC  | 8.75                                      | 12/15/2022    | 23,000            | 23,000            | 22,310            |
| 92214XAA4        | VAREX IMAGING CORP   | 4.00                                      | 06/01/2025    | 30,000            | 30,000            | 31,597            |
| 92343VDY7        | VERIZON COMMUNICATIONS INC                                 | 4.13                                      | 03/16/2027    | 1,000,000         | 995,027           | 1,178,690         |
| F9773GUP7        | VINCI SA   | 0.38                                      | 02/16/2022    | 100,000           | 105,783           | 112,978           |
| 947075AP2        | WEATHERFORD INTERNATIONAL LTD                              | 11.00                                     | 12/01/2024    | 3,000             | 11,699            | 2,340             |
| 985568AA2        | YELLOW PAGES DIGITAL & MEDIA SOLUTIONS LTD                 | 8.00                                      | 11/30/2022    | 19,750            | 15,220            | 15,774            |
|                  |  |   |               | <u>17,650,742</u> | <u>17,658,386</u> | <u>19,826,055</u> |
| PREFERRED STOCK: |  |   |               |                   |                   |                   |
| 00170F209        | AMG CAPITAL TRUST II                                       | 5.15                                      | 10/15/2037    | 1,669             | 83,443            | 81,414            |
| 75887406         | BECTON DICKINSON AND CO                                    | 6.00                                      | 06/01/2023    | 2,523             | 141,495           | 138,866           |
| 09625U208        | BLUEKNIGHT ENERGY PARTNERS LP                              | 11.00                                     | -             | 6,149             | 33,469            | 41,875            |
| 10482B200        | BRAEMAR HOTELS & RESORTS INC                               | 5.50                                      | -             | 153               | 2,765             | 2,486             |
| 10482B309        | BRAEMAR HOTELS & RESORTS INC                               | 8.25                                      | -             | 1,060             | 20,872            | 19,928            |
| 808513600        | CHARLES SCHWAB CORP  | 5.95                                      | -             | 611               | 16,052            | 15,874            |
| 223622507        | COWEN INC  | 5.63                                      | -             | 57                | 42,587            | 63,474            |
| 283678209        | EL PASO ENERGY CAPITAL TRUST I                             | 4.75                                      | 03/31/2028    | 434               | 18,769            | 22,464            |
| 59156R850        | METLIFE INC  | 4.75                                      | -             | 602               | 15,635            | 16,435            |
| 59156R876        | METLIFE INC  | 5.63                                      | -             | 288               | 7,933             | 8,142             |
| 64944P307        | NEW YORK COMMUNITY CAPITAL TRUST V                         | 6.00                                      | 11/01/2051    | 527               | 25,442            | 24,168            |
| US74965L2007     | RLJ LODGING TRUST  | 7.80                                      | -             | 957               | 26,030            | 24,308            |
| 854502853        | STANLEY BLACK & DECKER INC                                 | 0.50                                      | -             | 95                | 96,792            | 114,000           |
| 902973155        | U.S. BANCORP   | 3.50                                      | -             | 969               | 21,942            | 24,002            |
| 902973833        | U.S. BANCORP   | 6.50                                      | -             | 592               | 15,760            | 15,827            |
|                  |  |   |               | <u>16,686</u>     | <u>568,986</u>    | <u>613,263</u>    |

(Continued)

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)           | (b) Identity of Issuer, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including: |               |               | (d) Cost | (e) Current Value |          |
|---------------|---|---|---------------|---------------|----------|-------------------|----------|
|               |   | Coupon Rate                               | Maturity Date | Par or Shares |          |                   |          |
| COMMON STOCK: |   |   |               |               |          |                   |          |
| 361105        | AAR ORD   | -   | %             | -             | 185      | \$ 4,762          | \$ 6,701 |
| 375204        | ABB ADR REP 1 ORD   | -   | -             | -             | 313      | 8,124             | 8,751    |
| 00287Y109     | ABBVIE ORD  | -   | -             | -             | 200      | 5,202             | 21,430   |
| 00508Y102     | ACUITY BRANDS ORD   | -   | -             | -             | 200      | 23,302            | 24,218   |
| N00985106     | AERCAP HOLDINGS ORD   | -   | -             | -             | 450      | 23,400            | 20,511   |
| 1055102       | AFLAC ORD   | -   | -             | -             | 500      | 18,509            | 22,235   |
| 1084102       | AGCO ORD  | -   | -             | -             | 200      | 9,476             | 20,618   |
| 13872106      | ALCOA ORD   | -   | -             | -             | 1,985    | 24,468            | 45,754   |
| 15351109      | ALEXION PHARMACEUTICALS ORD                                   | -   | -             | -             | 250      | 25,043            | 39,060   |
| 01741R102     | ALLEGHENY TECHNOLOGIES ORD                                    | -   | -             | -             | 1,073    | 18,118            | 17,994   |
| 01988P108     | ALLSCRIPTS HEALTHCARE SOLUTIONS ORD                           | -   | -             | -             | 2,096    | 22,785            | 30,266   |
| 20002101      | ALLSTATE ORD  | -   | -             | -             | 250      | 8,655             | 27,483   |
| 02079K107     | ALPHABET CL C ORD   | -   | -             | -             | 92       | 53,997            | 161,173  |
| 23135106      | AMAZON COM ORD  | -   | -             | -             | 32       | 9,511             | 104,222  |
| 25932104      | AMERICAN FINANCIAL GROUP ORD                                  | -   | -             | -             | 130      | 6,654             | 11,391   |
| 03076C106     | AMERIPRISE FINANCE ORD  | -   | -             | -             | 100      | 5,682             | 19,433   |
| 31162100      | AMGEN ORD   | -   | -             | -             | 150      | 15,922            | 34,488   |
| 32095101      | AMPHENOL CL A ORD   | -   | -             | -             | 540      | 58,639            | 70,616   |
| 35710409      | ANNALY CAPITAL MANAGEMENT REIT ORD                            | -   | -             | -             | 1,600    | 16,430            | 13,520   |
| 36752103      | ANTHEM ORD  | -   | -             | -             | 140      | 37,975            | 44,953   |
| G0403H108     | AON CL A ORD  | -   | -             | -             | 409      | 46,983            | 86,409   |
| 38222105      | APPLIED MATERIAL ORD  | -   | -             | -             | 300      | 12,027            | 25,890   |
| 38336103      | APTARGROUP ORD  | -   | -             | -             | 61       | 7,201             | 8,350    |
| 03940R107     | ARCH RESOURCES CL A ORD                                       | -   | -             | -             | 200      | 18,353            | 8,754    |
| 42735100      | ARROW ELECTRONICS ORD   | -   | -             | -             | 150      | 11,148            | 14,595   |
| 04316A108     | ARTISAN PARTNERS ASSET MGMT CL A ORD                          | -   | -             | -             | 429      | 13,197            | 21,596   |
| 45327103      | ASPEN TECHNOLOGY ORD  | -   | -             | -             | 273      | 10,037            | 35,558   |
| G0585R106     | ASSURED GUARANTY ORD  | -   | -             | -             | 400      | 11,887            | 12,596   |
| 00206R102     | AT&T ORD  | -   | -             | -             | 1,700    | 47,977            | 48,892   |
| 49164205      | ATLAS AIR WORLDWIDE HOLDINGS ORD                              | -   | -             | -             | 176      | 6,973             | 9,599    |
| 53484101      | AVALONBAY COMMUNITIES REIT ORD                                | -   | -             | -             | 275      | 42,444            | 44,118   |
| 05379B107     | AVISTA ORD  | -   | -             | -             | 887      | 33,277            | 35,604   |
| 2474104       | AZZ ORD   | -   | -             | -             | 500      | 17,268            | 23,720   |
| 05971J102     | BANCORPSOUTH BANK ORD   | -   | -             | -             | 280      | 5,662             | 7,683    |
| 60505104      | BANK OF AMERICA ORD   | -   | -             | -             | 2,100    | 30,302            | 63,651   |
| 64058100      | BANK OF NEW YORK MELLON ORD                                   | -   | -             | -             | 500      | 28,006            | 21,220   |
| 71813109      | BAXTER INTERNATIONAL ORD                                      | -   | -             | -             | 435      | 34,698            | 34,904   |
| 73685109      | BEACON ROOFING SUPPLY ORD                                     | -   | -             | -             | 498      | 18,997            | 20,015   |
| 07724U103     | BEIERSDORF A G UNSPONSORED GERMA ADR                          | -   | -             | -             | 7,226    | 164,800           | 166,996  |
| 84670702      | BERKSHIRE HATHWAY CL B ORD                                    | -   | -             | -             | 411      | 60,062            | 95,299   |
| 08579W103     | BERRY GLOBAL GROUP ORD  | -   | -             | -             | 360      | 17,100            | 20,228   |
| 86516101      | BEST BUY ORD  | -   | -             | -             | 340      | 22,462            | 33,929   |
| 90572207      | BIO RAD LABORATORIES CL A ORD                                 | -   | -             | -             | 56       | 8,745             | 32,645   |
| 09062X103     | BIOGEN ORD  | -   | -             | -             | 60       | 15,650            | 14,692   |
| 101121101     | BOSTON PROPERTIES REIT ORD                                    | -   | -             | -             | 348      | 28,611            | 32,896   |
| 109641100     | BRINKER INTERNATIONAL ORD                                     | -   | -             | -             | 140      | 7,629             | 7,920    |
| 110122108     | BRISTOL MYERS SQUIBB ORD                                      | -   | -             | -             | 700      | 39,290            | 43,421   |
| 114340102     | BROOKS AUTOMATION ORD   | -   | -             | -             | 598      | 18,715            | 40,574   |
| 128030202     | CAL MAINE FOODS ORD   | -   | -             | -             | 3,152    | 133,809           | 118,326  |
| 128246105     | CALAVO GROWERS ORD  | -   | -             | -             | 252      | 15,900            | 17,496   |
| 130788102     | CALIFORNIA WATER SERVICE GROUP ORD                            | -   | -             | -             | 702      | 32,554            | 37,929   |
| 131193104     | CALLAWAY GOLF ORD   | -   | -             | -             | 1,109    | 20,557            | 26,627   |
| 14040H105     | CAPITAL ONE FINANCIAL ORD                                     | -   | -             | -             | 528      | 33,536            | 52,193   |
| 14149Y108     | CARDINAL HEALTH ORD   | -   | -             | -             | 100      | 7,968             | 5,356    |
| 12504L109     | CBRE GROUP CL A ORD   | -   | -             | -             | 159      | 6,781             | 9,972    |
| 150870103     | CELANESE ORD  | -   | -             | -             | 230      | 23,412            | 29,886   |
| 156431108     | CENTURY ALUMINUM ORD  | -   | -             | -             | 983      | 13,179            | 10,842   |
| 808513105     | CHARLES SCHWAB ORD  | -   | -             | -             | 867      | 29,465            | 45,962   |
| 16115Q308     | CHART INDUSTRIES ORD  | -   | -             | -             | 297      | 20,271            | 34,984   |
| 16359R103     | CHEMED ORD  | -   | -             | -             | 64       | 6,514             | 34,087   |
| 163851108     | CHEMOURS ORD  | -   | -             | -             | 600      | 20,326            | 14,874   |
| H1467J104     | CHUBB ORD   | -   | -             | -             | 713      | 89,955            | 109,745  |
| 172755100     | CIRRUS LOGIC ORD  | -   | -             | -             | 200      | 12,508            | 16,440   |
| 17275R102     | CISCO SYSTEMS ORD   | -   | -             | -             | 600      | 11,501            | 26,850   |

(Continued)



# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)       | (b) Identity of Issuer, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including: |               |               | (d) Cost   | (e) Current Value |
|-----------|---|---|---------------|---------------|------------|-------------------|
|           |   | Coupon Rate                               | Maturity Date | Par or Shares |            |                   |
| 172967424 | CITIGROUP ORD   | - %                                       | -             | 2,089         | \$ 101,088 | \$ 128,808        |
| 185899101 | CLEVELAND CLIFFS ORD  | -   | -             | 5,273         | 39,179     | 76,775            |
| 192479103 | COHERENT ORD  | -   | -             | 163           | 21,955     | 24,453            |
| 20030N101 | COMCAST CL A ORD  | -   | -             | 3,029         | 109,113    | 158,720           |
| 205887102 | CONAGRA BRANDS ORD  | -   | -             | 400           | 14,462     | 14,504            |
| 216831107 | COOPER TIRE AND RUBBER ORD                                    | -   | -             | 400           | 7,908      | 16,200            |
| N22717107 | CORE LABORATORIES ORD   | -   | -             | 271           | 25,766     | 7,184             |
| 21870Q105 | CORESITE REALTY REIT ORD                                      | -   | -             | 75            | 8,056      | 9,396             |
| 22002T108 | CORPORATE OFFICE PROP REIT ORD                                | -   | -             | 150           | 3,839      | 3,912             |
| 224399105 | CRANE ORD   | -   | -             | 260           | 14,944     | 20,192            |
| 231021106 | CUMMINS ORD   | -   | -             | 220           | 33,087     | 49,962            |
| 231082801 | CUMULUS MEDIA CL A ORD  | -   | -             | 300           | 17,380     | 2,616             |
| 126650100 | CVS HEALTH ORD  | -   | -             | 303           | 21,955     | 20,695            |
| 23283R100 | CYRUSONE REIT ORD   | -   | -             | 135           | 7,883      | 9,875             |
| 237266101 | DARLING INGREDIENTS ORD                                       | -   | -             | 571           | 11,456     | 32,935            |
| 23918K108 | DAVITA ORD  | -   | -             | 250           | 21,821     | 29,350            |
| 24665A103 | DELEK US HOLDINGS ORD   | -   | -             | 346           | 11,560     | 5,560             |
| 247361702 | DELTA AIR LINES ORD   | -   | -             | 500           | 25,165     | 20,105            |
| 24869P104 | DENNYS ORD  | -   | -             | 830           | 9,344      | 12,184            |
| 24906P109 | DENTSPLY SIRONA ORD   | -   | -             | 3,955         | 177,110    | 207,084           |
| 254067101 | DILLARDS CL A ORD   | -   | -             | 100           | 7,524      | 6,305             |
| 254423106 | DINE BRANDS GLOBAL ORD  | -   | -             | 162           | 9,791      | 9,396             |
| 254709108 | DISCOVER FINANCIAL SERVICES ORD                               | -   | -             | 400           | 10,071     | 36,212            |
| 25470M109 | DISH NETWORK CL A ORD   | -   | -             | 897           | 31,877     | 29,009            |
| 25525P107 | DIVERSIFIED HEALTHCARE ORD                                    | -   | -             | 1,100         | 18,427     | 4,532             |
| 25754A201 | DOMINOS PIZZA ORD   | -   | -             | 89            | 5,569      | 34,128            |
| 262037104 | DRIL QUIP ORD   | -   | -             | 414           | 21,962     | 12,263            |
| 23355L106 | DXC TECHNOLOGY ORD  | -   | -             | 60            | 2,841      | 1,545             |
| 27579R104 | EAST WEST BANCORP ORD   | -   | -             | 454           | 14,087     | 23,022            |
| 277432100 | EASTMAN CHEMICAL ORD  | -   | -             | 230           | 13,892     | 23,064            |
| 278642103 | EBAY ORD  | -   | -             | 600           | 22,511     | 30,150            |
| 294628102 | EQUITY COMMONWEALTH REIT ORD                                  | -   | -             | 7,688         | 235,124    | 209,729           |
| G3198U102 | ESSENT GROUP ORD  | -   | -             | 500           | 18,215     | 21,600            |
| 29670G102 | ESSENTIAL UTILITIES ORD                                       | -   | -             | 1,401         | 63,383     | 66,253            |
| G3223R108 | EVEREST RE GROUP ORD  | -   | -             | 606           | 122,403    | 141,859           |
| 30161N101 | EXELON ORD  | -   | -             | 700           | 20,331     | 29,554            |
| 30303M102 | FACEBOOK CL A ORD   | -   | -             | 327           | 54,635     | 89,323            |
| 31428X106 | FEDEX ORD   | -   | -             | 70            | 11,621     | 18,173            |
| 316773100 | FIFTH THIRD BANCORP ORD                                       | -   | -             | 700           | 13,702     | 19,299            |
| 31847R102 | FIRST AMERICAN FINANCIAL ORD                                  | -   | -             | 357           | 13,696     | 18,432            |
| 33832D205 | FIVE STAR SENIOR LIV ORD                                      | -   | -             | 74            | 670        | 511               |
| 344849104 | FOOT LOCKER ORD   | -   | -             | 300           | 17,847     | 12,132            |
| 345370860 | FORD MOTOR ORD  | -   | -             | 1,200         | 18,347     | 10,548            |
| 369604103 | GENERAL ELECTRIC ORD  | -   | -             | 7,569         | 68,917     | 81,745            |
| 37045V100 | GENERAL MOTORS ORD  | -   | -             | 1,483         | 49,046     | 61,752            |
| 375558103 | GILEAD SCIENCES ORD   | -   | -             | 200           | 19,575     | 11,652            |
| 37637Q105 | GLACIER BANCORP ORD   | -   | -             | 200           | 4,934      | 9,202             |
| 379577208 | GLOBUS MEDICAL CL A ORD                                       | -   | -             | 111           | 6,335      | 7,239             |
| 38141G104 | GOLDMAN SACHS GROUP ORD                                       | -   | -             | 423           | 71,863     | 111,549           |
| 382550101 | GOODYEAR TIRE AND RUBBER ORD                                  | -   | -             | 200           | 5,825      | 2,182             |
| 416515104 | HARTFORD FINANCIAL SERVICES GRUP ORD                          | -   | -             | 370           | 12,253     | 18,123            |
| 40412C101 | HCA HEALTHCARE ORD  | -   | -             | 230           | 16,972     | 37,826            |
| 421946104 | HEALTHCARE REAL REIT ORD                                      | -   | -             | 2,072         | 60,887     | 61,331            |
| 422806109 | HEICO ORD   | -   | -             | 280           | 7,682      | 37,072            |
| G4388N106 | HELEN OF TROY ORD   | -   | -             | 154           | 12,638     | 34,217            |
| 423452101 | HELMERICH AND PAYNE ORD                                       | -   | -             | 300           | 17,743     | 6,948             |
| 42550U109 | HENKEL 4 ADR REP ORD  | -   | -             | 1,989         | 43,709     | 47,973            |
| 42824C109 | HEWLETT PACKARD ENTERPRISE ORD                                | -   | -             | 700           | 7,634      | 8,295             |
| 431475102 | HILL ROM HOLDINGS ORD   | -   | -             | 216           | 8,013      | 21,162            |
| 43300A203 | HILTON WORLDWIDE HOLDINGS ORD                                 | -   | -             | 490           | 32,184     | 54,517            |
| 40434L105 | HP ORD  | -   | -             | 1,000         | 17,395     | 24,590            |
| 443320106 | HUB GROUP CL A ORD  | -   | -             | 289           | 11,794     | 16,473            |
| 446413106 | HUNTINGTON INGALLS INDUSTRIES ORD                             | -   | -             | 100           | 20,840     | 17,048            |
| 447011107 | HUNTSMAN ORD  | -   | -             | 500           | 7,683      | 12,570            |
| 44930G107 | ICU MEDICAL ORD   | -   | -             | 500           | 90,970     | 107,245           |

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)       | (b) Identity of Issuer, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including: |               |               | (d) Cost  | (e) Current Value |
|-----------|---|---|---------------|---------------|-----------|-------------------|
|           |   | Coupon Rate                               | Maturity Date | Par or Shares |           |                   |
| 451107106 | IDACORP ORD   | - %                                       | -             | 390           | \$ 30,299 | \$ 37,452         |
| 457187102 | INGREDION ORD   | -   | -             | 130           | 11,205    | 10,227            |
| 45826H109 | INTEGER HOLDINGS ORD  | -   | -             | 247           | 8,464     | 20,054            |
| 458140100 | INTEL ORD   | -   | -             | 1,100         | 26,744    | 54,802            |
| 460146103 | INTERNATIONAL PAPER ORD                                       | -   | -             | 200           | 10,647    | 9,944             |
| 48123V102 | J2 GLOBAL ORD   | -   | -             | 300           | 21,520    | 29,307            |
| G4474Y214 | JANUS HENDERSON GROUP ORD                                     | -   | -             | 501           | 10,916    | 16,288            |
| G50871105 | JAZZ PHARMACEUTICALS ORD                                      | -   | -             | 140           | 18,284    | 23,107            |
| 46625H100 | JPMORGAN CHASE ORD  | -   | -             | 420           | 16,926    | 53,369            |
| 48203R104 | JUNIPER NETWORKS ORD  | -   | -             | 300           | 7,716     | 6,753             |
| 485170302 | KANSAS CITY SOUTHERN ORD                                      | -   | -             | 90            | 10,532    | 18,372            |
| 48666K109 | KB HOME ORD   | -   | -             | 969           | 15,486    | 32,481            |
| 489170100 | KENNAMETAL ORD  | -   | -             | 271           | 8,343     | 9,821             |
| 493267108 | KEYCORP ORD   | -   | -             | 1,800         | 15,183    | 29,538            |
| 494368103 | KIMBERLY CLARK ORD  | -   | -             | 64            | 8,742     | 8,629             |
| 49926D109 | KNOWLES ORD   | -   | -             | 752           | 11,740    | 13,859            |
| 500255104 | KOHL'S ORD  | -   | -             | 200           | 10,308    | 8,138             |
| 500754106 | KRAFT HEINZ ORD   | -   | -             | 450           | 15,630    | 15,597            |
| 501044101 | KROGER ORD  | -   | -             | 900           | 21,246    | 28,584            |
| 512807108 | LAM RESEARCH ORD  | -   | -             | 30            | 3,489     | 14,168            |
| 513847103 | LANCASTER COLONY ORD  | -   | -             | 113           | 13,520    | 20,761            |
| G54050102 | LAZARD CL A ORD   | -   | -             | 725           | 22,252    | 30,667            |
| 521865204 | LEAR ORD  | -   | -             | 100           | 4,232     | 15,903            |
| 526057104 | LENNAR CL A ORD   | -   | -             | 300           | 12,982    | 22,869            |
| 526057302 | LENNAR CL B ORD   | -   | -             | 7             | 468       | 428               |
| 530307305 | LIBERTY BROADBAND SRS C ORD                                   | -   | -             | 724           | 53,701    | 114,660           |
| 53223X107 | LIFE STORAGE ORD  | -   | -             | 37            | 2,595     | 4,417             |
| 533900106 | LINCOLN ELECTRIC HOLDINGS ORD                                 | -   | -             | 241           | 16,835    | 28,016            |
| 534187109 | LINCOLN NATIONAL ORD  | -   | -             | 300           | 21,583    | 15,093            |
| 535555106 | LINDSAY ORD   | -   | -             | 139           | 14,189    | 17,856            |
| 537008104 | LITTELFUSE ORD  | -   | -             | 125           | 18,796    | 31,833            |
| 55024U109 | LUMENTUM HOLDINGS ORD   | -   | -             | 228           | 16,483    | 21,614            |
| N53745100 | LYONDELLBASELL INDUSTRIES CL A ORD                            | -   | -             | 543           | 36,527    | 49,771            |
| 56585A102 | MARATHON PETROLEUM ORD  | -   | -             | 362           | 12,701    | 14,972            |
| 571903202 | MARRIOTT INTERNATIONAL CL A ORD                               | -   | -             | 709           | 60,730    | 93,531            |
| 573284106 | MARTIN MARIETTA MATERIALS ORD                                 | -   | -             | 39            | 8,289     | 11,075            |
| 576323109 | MASTEC ORD  | -   | -             | 400           | 16,162    | 27,272            |
| 58155Q103 | MCKESSON ORD  | -   | -             | 110           | 17,067    | 19,131            |
| 58933Y105 | MERCK & CO ORD  | -   | -             | 500           | 24,013    | 40,900            |
| 589889104 | MERIT MEDICAL SYSTEMS ORD                                     | -   | -             | 1,062         | 47,488    | 58,952            |
| 59001A102 | MERITAGE HOMES ORD  | -   | -             | 443           | 18,146    | 36,689            |
| 59156R108 | METLIFE ORD   | -   | -             | 1,446         | 53,932    | 67,890            |
| 594918104 | MICROSOFT ORD   | -   | -             | 671           | 19,029    | 149,244           |
| 59522J103 | MID AMERICA APT COMMUNITI REIT ORD                            | -   | -             | 116           | 7,900     | 14,696            |
| 596680108 | MIDDLESEX WATER ORD   | -   | -             | 124           | 8,478     | 8,986             |
| 60510V108 | MISSION PRODUCE ORD   | -   | -             | 918           | 11,542    | 13,816            |
| 617446448 | MORGAN STANLEY ORD  | -   | -             | 945           | 37,818    | 64,761            |
| 553777103 | MTS SYSTEMS ORD   | -   | -             | 758           | 44,182    | 44,085            |
| 624758108 | MUELLER WATER PRODUCTS SER A ORD                              | -   | -             | 6,701         | 74,807    | 82,958            |
| 64110L106 | NETFLIX ORD   | -   | -             | 96            | 28,098    | 51,910            |
| 64115T104 | NETSCOUT SYSTEMS ORD  | -   | -             | 594           | 12,954    | 16,287            |
| 65336K103 | NEXSTAR MEDIA GROUP CL A ORD                                  | -   | -             | 80            | 8,257     | 8,735             |
| 65290C105 | NEXTIER OILFIELD SOLUTIONS ORD                                | -   | -             | 850           | 13,288    | 2,924             |
| 665859104 | NORTHERN TRUST ORD  | -   | -             | 1,641         | 133,984   | 152,843           |
| 666807102 | NORTHROP GRUMMAN ORD  | -   | -             | 29            | 8,766     | 8,837             |
| 66765N105 | NORTHWEST NATURAL HOLDING COMPAN ORD                          | -   | -             | 45            | 1,989     | 2,070             |
| 629377508 | NRG ENERGY ORD  | -   | -             | 500           | 16,566    | 18,775            |
| 670704105 | NUVASIVE ORD  | -   | -             | 354           | 12,769    | 19,941            |
| 675232102 | OCEANEERING INTERNATIONAL ORD                                 | -   | -             | 826           | 25,669    | 6,567             |
| 683344105 | ONTO INNOVATION ORD   | -   | -             | 386           | 13,868    | 18,354            |
| 68389X105 | ORACLE ORD  | -   | -             | 470           | 25,874    | 30,404            |
| 688239201 | OSHKOSH ORD   | -   | -             | 300           | 22,315    | 25,821            |
| 695263103 | PACW PACWEST BANCORP ORD                                      | -   | -             | 425           | 11,788    | 10,795            |
| 69327R101 | PDC ENERGY ORD  | -   | -             | 793           | 21,201    | 16,280            |
| 70959W103 | PENSKE AUTOMOTIVE GROUP VTG ORD                               | -   | -             | 300           | 13,933    | 17,817            |

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)       | (b) Identity of Issuer, Borrower,<br>Lessor, or Similar Party | (c) Description of Investment, Including: |               |               | (d) Cost  | (e) Current Value |
|-----------|---|---|---------------|---------------|-----------|-------------------|
|           |   | Coupon Rate                               | Maturity Date | Par or Shares |           |                   |
| 717081103 | PFIZER ORD  | - %                                       | -             | 1,600         | \$ 29,199 | \$ 58,896         |
| 718546104 | PHILLIPS 66 ORD   | -   | -             | 340           | 12,846    | 23,780            |
| 72147K108 | PILGRIMS PRIDE ORD  | -   | -             | 300           | 6,771     | 5,883             |
| 729132100 | PLEXUS ORD  | -   | -             | 192           | 6,787     | 15,016            |
| 693475105 | PNC FINANCIAL SERVICES GROUP ORD                              | -   | -             | 200           | 12,198    | 29,800            |
| 731068102 | POLARIS INDUSTRIES ORD  | -   | -             | 223           | 18,522    | 21,247            |
| 74112D101 | PRESTIGE CONSUMER HEALTHCARE ORD                              | -   | -             | 92            | 4,731     | 3,208             |
| 743606105 | PROSPERITY BANCSHARES ORD                                     | -   | -             | 159           | 9,629     | 11,028            |
| 744320102 | PRUDENTIAL FINANCIAL ORD                                      | -   | -             | 200           | 11,460    | 15,614            |
| 745867101 | PULTEGROUP ORD  | -   | -             | 700           | 19,608    | 30,184            |
| 74736K101 | QORVO ORD   | -   | -             | 255           | 5,900     | 42,399            |
| 750236101 | RADIAN GROUP ORD  | -   | -             | 500           | 8,241     | 10,125            |
| 75281A109 | RANGE RESOURCES ORD   | -   | -             | 1,283         | 16,982    | 8,596             |
| 754730109 | RAYMOND JAMES ORD   | -   | -             | 311           | 13,761    | 29,753            |
| 758750103 | REGAL BELOIT ORD  | -   | -             | 133           | 9,018     | 16,334            |
| 75886F107 | REGENERON PHARMACEUTICALS ORD                                 | -   | -             | 30            | 11,453    | 14,493            |
| 7591EP100 | REGIONS FINANCIAL ORD   | -   | -             | 800           | 11,806    | 12,896            |
| 759351604 | REINSURANCE GROUP OF AMER ORD                                 | -   | -             | 230           | 21,947    | 26,657            |
| 74965L101 | RLJ LODGING REIT ORD  | -   | -             | 605           | 15,874    | 8,561             |
| 79546E104 | SALLY BEAUTY HOLDINGS ORD                                     | -   | -             | 847           | 9,477     | 11,045            |
| 800013104 | SANDERSON FARMS ORD   | -   | -             | 1,137         | 132,014   | 150,311           |
| 810186106 | SCOTTS MIRACLE GRO ORD  | -   | -             | 214           | 11,802    | 42,616            |
| G7945M107 | SEAGATE TECHNOLOGY ORD  | -   | -             | 340           | 8,224     | 21,134            |
| 816850101 | SEMTECH ORD   | -   | -             | 356           | 17,593    | 25,664            |
| 81761L102 | SERVICE PROPERTIES TRUST ORD                                  | -   | -             | 300           | 8,084     | 3,447             |
| 827048109 | SILGAN HOLDINGS ORD   | -   | -             | 700           | 21,855    | 25,956            |
| 784305104 | SIJW GROUP ORD  | -   | -             | 1,427         | 96,641    | 98,977            |
| 83175M205 | SMITH NEPHEW ADR REP 2 ORD                                    | -   | -             | 3,766         | 155,150   | 158,812           |
| 833034101 | SNAP ON ORD   | -   | -             | 120           | 20,951    | 20,537            |
| 848574109 | SPIRIT AEROSYSTEMS HLDGS A ORD                                | -   | -             | 200           | 12,036    | 7,818             |
| 852857200 | STAMPS.COM ORD  | -   | -             | 183           | 15,032    | 35,903            |
| 857477103 | STATE STREET ORD  | -   | -             | 240           | 12,272    | 17,467            |
| G8473T100 | STERIS ORD  | -   | -             | 190           | 14,499    | 36,013            |
| 860630102 | STIFEL FINANCIAL ORD  | -   | -             | 295           | 8,305     | 14,860            |
| 78486Q101 | SVB FINANCIAL GROUP ORD                                       | -   | -             | 192           | 16,683    | 74,463            |
| 87157D109 | SYNAPTICS ORD   | -   | -             | 479           | 18,949    | 46,176            |
| 87612E106 | TARGET ORD  | -   | -             | 200           | 14,882    | 35,306            |
| 87901J105 | TEGNA ORD   | -   | -             | 300           | 2,532     | 4,185             |
| 879360105 | TELEDYNE TECH ORD   | -   | -             | 75            | 6,928     | 29,399            |
| 880779103 | TEREX ORD   | -   | -             | 764           | 25,786    | 26,656            |
| 883203101 | TEXTRON ORD   | -   | -             | 300           | 15,262    | 14,499            |
| 891092108 | TORO ORD  | -   | -             | 306           | 7,586     | 29,021            |
| 89214P109 | TOWNE BANK ORD  | -   | -             | 449           | 8,426     | 10,543            |
| 89417E109 | TRAVELERS COMPANIES ORD                                       | -   | -             | 1,816         | 207,977   | 254,912           |
| 896522109 | TRINITY INDUSTRIES ORD  | -   | -             | 482           | 11,289    | 12,720            |
| 902494103 | TYSON FOODS CL A ORD  | -   | -             | 400           | 28,075    | 25,776            |
| 902788108 | UMB FINANCIAL ORD   | -   | -             | 476           | 27,023    | 32,839            |
| 904214103 | UMPQUA HOLDINGS ORD   | -   | -             | 1,084         | 18,791    | 16,412            |
| 910047109 | UNITED AIRLINES HOLDINGS ORD                                  | -   | -             | 200           | 14,499    | 8,650             |
| 91324P102 | UNITEDHEALTH GRP ORD  | -   | -             | 166           | 5,770     | 58,213            |
| 913903100 | UNIVERSAL HEALTH SERVICES CL B ORD                            | -   | -             | 62            | 6,800     | 8,525             |
| 91529Y106 | UNUM ORD  | -   | -             | 500           | 13,721    | 11,470            |
| 91913Y100 | VALERO ENERGY ORD   | -   | -             | 300           | 30,285    | 16,971            |
| 919794107 | VALLEY NATIONAL ORD   | -   | -             | 4,237         | 32,741    | 41,311            |
| 92220P105 | VARIAN MEDICAL SYSTEMS ORD                                    | -   | -             | 404           | 70,196    | 70,704            |
| 922417100 | VEECO INSTRUMENTS ORD   | -   | -             | 379           | 13,174    | 6,579             |
| 92339V308 | VEREIT ORD  | -   | -             | 620           | 24,144    | 23,430            |
| 92343X100 | VERINT SYSTEMS ORD  | -   | -             | 392           | 14,297    | 26,335            |
| 92343V104 | VERIZON COMMUNICATIONS ORD                                    | -   | -             | 1,200         | 64,131    | 70,500            |
| 92556H206 | VIACOMCBS CL B ORD  | -   | -             | 178           | 20,675    | 6,632             |
| 92556V106 | VIATRIS ORD   | -   | -             | 198           | 1,599     | 3,711             |
| 928298108 | VISHAY INTERTECH ORD  | -   | -             | 1,773         | 23,690    | 36,719            |
| 92840M102 | VISTRA ORD  | -   | -             | 700           | 18,877    | 13,762            |
| 929089100 | VOYA FINANCIAL ORD  | -   | -             | 300           | 17,902    | 17,643            |
| 929740108 | WABTEC ORD  | -   | -             | 219           | 14,272    | 16,031            |

(Continued)

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)                              | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including: |               |                   | (d) Cost           | (e) Current Value  |
|----------------------------------|--|---|---------------|-------------------|--------------------|--------------------|
|                                  |  | Coupon Rate                               | Maturity Date | Par or Shares     |                    |                    |
| 931427108                        | WALGREEN BOOTS ALLIANCE ORD                                | - %                                       | -             | 500               | \$ 35,107          | \$ 19,940          |
| 254687106                        | WALT DISNEY ORD  | -   | -             | 233               | 21,320             | 42,215             |
| G48833118                        | WEATHERFORD INTERNATIONAL ORD                              | -   | -             | 467               | 13,543             | 2,732              |
| 947890109                        | WEBSTER FINANCIAL ORD                                      | -   | -             | 307               | 7,617              | 12,940             |
| 949746101                        | WELLS FARGO ORD  | -   | -             | 2,957             | 113,333            | 89,242             |
| 950755108                        | WERNER ENTERPRISES ORD                                     | -   | -             | 441               | 17,722             | 17,296             |
| 955306105                        | WEST PHARM SVC ORD   | -   | -             | 132               | 5,029              | 37,397             |
| 96145D105                        | WESTROCK ORD   | -   | -             | 500               | 21,947             | 21,765             |
| 963320106                        | WHIRLPOOL ORD  | -   | -             | 100               | 8,160              | 18,049             |
| G9618E107                        | WHITE MOUNTAINS INSURANCE ORD                              | -   | -             | 70                | 64,054             | 70,046             |
| 974637100                        | WINNEBAGO INDS ORD   | -   | -             | 457               | 18,750             | 27,393             |
| 97650W108                        | WINTRUST FINANCIAL ORD                                     | -   | -             | 213               | 7,988              | 13,012             |
| 980745103                        | WOODWARD ORD   | -   | -             | 72                | 6,283              | 8,750              |
| 84423102                         | WR BERKLEY ORD   | -   | -             | 254               | 15,963             | 16,871             |
| 98310W108                        | WYNDHAM DESTINATIONS ORD                                   | -   | -             | 200               | 6,336              | 8,972              |
| 985817105                        | YELP ORD   | -   | -             | 1,160             | 31,298             | 37,897             |
|                                  |  |   |               | <u>179,689</u>    | <u>7,014,146</u>   | <u>9,357,736</u>   |
| COLLECTIVE TRUSTS:               |  |   |               |                   |                    |                    |
| SSRAFCMD                         | State Street RAFI US Non-Lending Trust Fund CMD            | -   | -             | 397,841           | 4,902,798          | 5,814,842          |
|                                  |  |   |               | <u>397,841</u>    | <u>4,902,798</u>   | <u>5,814,842</u>   |
| REGISTERED INVESTMENT COMPANIES: |  |   |               |                   |                    |                    |
| 00170K745                        | AMG TIMESSQUAREMCG Z                                       | -   | -             | 202,308           | 3,537,633          | 4,177,663          |
| 04314H402                        | ARTISAN:INTERNATL INST                                     | -   | -             | 148,578           | 3,827,295          | 5,167,534          |
| 91936153                         | BLACKROCK:IS TUS SM K                                      | -   | -             | 1,510,514         | 20,072,474         | 27,174,147         |
| 246248850                        | DELAWARE PLD:MAC HY BOND                                   | -   | -             | 168,938           | 1,288,655          | 1,206,215          |
| 233203819                        | DFA US SMALL CAP VAL I                                     | -   | -             | 50,191            | 1,349,061          | 1,728,086          |
| 23320G471                        | DFA WLD EX US VAL I  | -   | -             | 829,096           | 9,668,096          | 9,169,799          |
| 35908Y708                        | FRONTIER MFG GL EQ INS                                     | -   | -             | 155,505           | 2,644,072          | 3,220,505          |
| 362008245                        | GMO QUALITY IV   | -   | -             | 175,808           | 4,081,736          | 4,511,232          |
| 381430503                        | GOLDMAN:AB US LG CAP EQ                                    | -   | -             | 101,796           | 4,518,572          | 7,704,939          |
| 317609352                        | GRANDEUR ITL OPP INST                                      | -   | -             | 1,141,339         | 3,519,021          | 5,364,293          |
| 4812C0159                        | JPMORGAN:MTGE SECS R6                                      | -   | -             | 1,567,744         | 17,617,850         | 18,107,443         |
| 46641U564                        | JPMORGAN:US VALUE R6                                       | -   | -             | 89,328            | 4,599,821          | 5,214,957          |
| 54401E622                        | LORD ABBETT SH DUR R6                                      | -   | -             | 7,580,907         | 31,612,072         | 31,915,619         |
| 54401E432                        | LORD ABBETT UL SHT BD R6                                   | -   | -             | 5,021,849         | 50,417,582         | 50,419,368         |
| 552746356                        | MFS INTL GROWTH R6   | -   | -             | 83,161            | 3,028,159          | 3,544,301          |
| 89155T524                        | TOUCHSTONE:SEL GRO INST                                    | -   | -             | 270,850           | 3,365,053          | 5,517,216          |
| 922908868                        | VANGUARD GRO IDX INST                                      | -   | -             | 25,553            | 2,405,162          | 3,333,900          |
| 922031760                        | VANGUARD HY CORP ADM                                       | -   | -             | 10,822            | 62,520             | 64,715             |
| 922040209                        | VANGUARD INSTL INDX INSP                                   | -   | -             | 3,868             | 1,001,423          | 1,282,100          |
| 922031810                        | VANGUARD INT-TM INV ADM                                    | -   | -             | 35,018            | 343,479            | 366,642            |
| 922908819                        | VANGUARD SC G ID INS                                       | -   | -             | 33,918            | 1,820,912          | 2,553,703          |
| 922031877                        | VANGUARD SH-TM INV INST                                    | -   | -             | 4,953,842         | 53,578,464         | 54,640,879         |
| 92189F437                        | VNECK VCTRS:FA HI YD BD                                    | -   | -             | 65,241            | 2,012,548          | 2,094,236          |
| 92913L569                        | VOYA:INTMDT BD R6  | -   | -             | 213,805           | 2,227,766          | 2,279,161          |
|                                  |  |   |               | <u>24,439,979</u> | <u>228,599,426</u> | <u>250,758,653</u> |
| REAL ESTATE:                     |  |   |               |                   |                    |                    |
| HARRICRED                        | HARRISON STREET CORE PROPERTY FUND                         | -   | -             | 3,221             | 3,889,061          | 4,549,108          |
| HEITM3RED                        | HEITMAN III  | -   | -             | 82,686            | 82,686             | 88,337             |
| LIONITRED                        | LION INDUSTRIAL TRUST PROPERTIES                           | -   | -             | 2,347             | 3,540,590          | 5,460,187          |
| MORGSPRED                        | MORGAN STANLEY PRIME PROPERTY FUND                         | -   | -             | 261               | 3,274,118          | 4,883,148          |
| PRISLPRED                        | PRISA LP DHC   | -   | -             | 833               | 733,801            | 1,481,987          |
| RREEF2RED                        | RREEF AMERICA REIT II                                      | -   | -             | 9,883             | 968,447            | 1,235,567          |
| SENHOSRED                        | SENIOR HOUSING PARTNERS V                                  | -   | -             | 1,277,790         | 1,277,790          | 1,489,033          |
| TAFD10RED                        | TA FUND X RE   | -   | -             | 96,734            | 96,734             | 105,358            |

(Continued)

# DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-00440163

Plan No: 501

## FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2020

| (a)                              | (b) Identity of Issuer, Borrower, Lessor, or Similar Party | (c) Description of Investment, Including: |               |                   | (d) Cost            | (e) Current Value   |
|----------------------------------|--|---|---------------|-------------------|---------------------|---------------------|
|                                  |  | Coupon Rate                               | Maturity Date | Par or Shares     |                     |                     |
| TAFDIRED                         | THE REALTY ASSOCIATES FUND XI                              | - %                                       | -             | 844,126           | \$ 844,126          | \$ 1,057,809        |
| UBSTRURED                        | UBS TRUMBULL PROPERTY FUND DHC                             | -   | -             | 108               | 878,556             | 1,061,218           |
| USAAEARED                        | USAA EAGLE PRM/DHC RE                                      | -   | -             | 713,150           | 713,150             | 1,235,280           |
|                                  |  |   |               | <u>3,031,138</u>  | <u>16,299,059</u>   | <u>22,647,032</u>   |
| LIMITED PARTNERSHIPS:            |  |   |               |                   |                     |                     |
| ANGEL4NGD                        | ANGELO GORDON IV LP  | -   | -             | 500,000           | 500,000             | 513,829             |
| CERLIVDAD                        | Cerberus   | -   | -             | 191,898           | 191,898             | 213,146             |
| CERLL3DAD                        | CERBERUS OFFSHORE LEVERAGE LOAN FD III                     | -   | -             | 1,074,995         | 1,074,995           | 1,236,986           |
| CERLL2DAD                        | CERBERUS OFFSHORE LEVERAGED LOAN FD II                     | -   | -             | 1                 | 1                   | 393,637             |
| CHRBK2NID                        | CHARLESBK OPP II   | -   | -             | 357,702           | 357,702             | 391,498             |
| DISCMCCMD                        | DISCIPLINED MICROCAP EQUITY                                | -   | -             | 188,592           | 1,895,100           | 2,527,496           |
| FIERA0LPD                        | FIERA INTL EQUITY LONG LP                                  | -   | -             | 1,473,352         | 1,500,000           | 1,778,832           |
| GOLDP4NID                        | GOLDPOINT IV NIGD  | -   | -             | 1,931,447         | 1,931,447           | 1,942,108           |
| JPMCBGEMO                        | JPMCB GLOBAL EM  | -   | -             | 297,123           | 6,121,449           | 7,772,745           |
| LEVNE4FID                        | LEVINE LEICHTMAN CAPITAL PARTNERS IV FI                    | -   | -             | 1,125,996         | 1,125,996           | 431,486             |
| LEVNE5FID                        | LEVINE LEICHTMAN CAPITAL PARTNERS V                        | -   | -             | 1,552,216         | 1,552,216           | 2,209,146           |
| MONDRILPD                        | MONDRILPD  | -   | -             | 197,728           | 6,000,000           | 7,328,025           |
| PAPE3CFID                        | PA PRIVATE EQUITY FUND III, CLASS C                        | -   | -             | 118,742           | 118,742             | 108,514             |
| PACIBLCMD                        | PACIFIC BANK LOAN CO-MINGLED FUND                          | -   | -             | 2,797,720         | 3,029,617           | 3,627,229           |
| VISCR3PED                        | VISTA CREDIT PARTNERS III                                  | -   | -             | 169,616           | 169,616             | 170,810             |
|                                  |  |   |               | <u>11,977,129</u> | <u>25,568,779</u>   | <u>30,645,487</u>   |
| OTHER:                           |  |   |               |                   |                     |                     |
| 427098116                        | HERCULES TRUST II  | -   | -             | 85                | -                   | 986                 |
| 441091114                        | HOSTESS BRANDS EQY WARRANT                                 | -   | -             | 16,060            | 27,090              | 25,535              |
| 91734M111                        | US ECOLOGY EQY WARRANTS                                    | -   | -             | 305               | 1,436               | 1,742               |
| 92511U110                        | VERRA MOBILITY EQY WARRANT                                 | -   | -             | 4,700             | 16,259              | 18,800              |
|                                  |  |   |               | <u>21,150</u>     | <u>44,785</u>       | <u>47,063</u>       |
| COLLATERAL HELD UNDER SECURITIES |  |   |               |                   |                     |                     |
| LENDING AGREEMENTS:              | Cash*  |   |               |                   | <u>\$ 1,359,110</u> | <u>\$ 1,359,110</u> |

\* The cash included in this supplemental schedule is restricted and held as collateral under a securities lending arrangement.

See accompanying independent auditors' report.

(Concluded)

## DESERET HEALTHCARE EMPLOYEE BENEFITS PLAN

Employer ID No: 87-0440163

Plan No: 501

### FORM 5500, SCHEDULE H, PART IV LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS AS OF DECEMBER 31, 2020

| (a) Identity of Party Involved | (b) Description of Asset<br>(Include Interest Rate and Maturity In Case of a Loan) | (c) Purchase Price | (d) Selling Price | (e) Lease Rental | Number of Transactions | (f) Expense Incurred With Transaction* | (g) Cost of Asset | (h) Current Value of Asset on Transaction Date | (i) Net Gain or Loss |
|--------------------------------|--|--------------------|-------------------|------------------|------------------------|--|-------------------|--|----------------------|
| <b>SINGLE TRANSACTIONS</b>     |  |                    |                   |                  |                        |  |                   |  |                      |
| Lord Abbett                    | Short-Term Investment Fund   | \$ 23,000,000      | \$ -              | \$ -             | 1                      | \$ -                                   | \$ 23,000,000     | \$ 23,000,000                                  | \$ -                 |
| <b>SERIES IN SAME SECURITY</b> |  |                    |                   |                  |                        |  |                   |  |                      |
| Lord Abbett                    | Short-Term Investment Fund   | \$ 50,417,582      | \$ -              | \$ -             | 16                     | \$ -                                   | \$ 50,417,582     | \$ 50,417,582                                  | \$ -                 |
| Vanguard                       | Short-Term Investment Fund   | 40,120,050         | -                 | -                | 29                     | -                                      | 40,120,080        | 40,120,080                                     | -                    |
| Vanguard                       | Short-Term Investment Fund   | -                  | 35,000,000        | -                | 7                      | -                                      | 33,831,111        | 35,000,000                                     | 1,168,889            |
| Lord Abbett                    | Short-Term Investment Fund   | -                  | 27,000,000        | -                | 5                      | -                                      | 27,032,081        | 27,000,000                                     | (32,081)             |

\* The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sale and are not separately defined by the Trustee.