

SIBLEY MEMORIAL HOSPITAL 403(B) PLAN

IMAGE DOCUMENT	
Acct #	536021
Doc #	77
Doc Date	1-1-2009

SPD

**SUMMARY PLAN DESCRIPTION
FOR EMPLOYEES
PARTICIPATING IN THE
SIBLEY MEMORIAL HOSPITAL
403(B) PLAN**

PLEASE READ THIS CAREFULLY
AND KEEP FOR FUTURE REFERENCE.

TABLE OF CONTENTS

1. INTRODUCTION	1
2. BECOMING A PARTICIPANT	2
3. YOUR ACCOUNT	4
4. INVESTMENT OF PLAN FUNDS	8
5. VESTING	10
6. PAYMENT OF BENEFITS	11
7. IN-SERVICE WITHDRAWALS AND LOANS	15
8. PLAN TERMINATION OR AMENDMENT	18
9. PLAN ADMINISTRATION	19
10. YOUR RIGHTS UNDER ERISA	22
11. OTHER IMPORTANT PLAN INFORMATION	24

1. INTRODUCTION

Sibley Memorial Hospital (the "Hospital") sponsors a retirement savings plan for you and your beneficiaries, known as the Sibley Memorial Hospital 403(b) Plan (the "Plan"). This Plan is a type of retirement plan commonly referred to as a 403(b) plan or TSA (Tax Sheltered Annuity). The purpose of the Plan is to provide you the opportunity to invest a portion of your paycheck on a tax-favored basis.

This Summary Plan Description ("SPD") contains valuable information regarding when you may become eligible to participate in the Plan, your Plan benefits, your distribution options, and many other features of the Plan. You should take the time to read this Summary Plan Description ("SPD") to get a better understanding of your rights and obligations under the Plan.

We have attempted to answer most of the questions you may have regarding your benefits in the Plan. If this SPD does not answer all of your questions, please contact the Administrator.

This SPD describes the Plan's benefits and obligations as contained in the legal Plan document, which governs the operation of the Plan. The Plan document is written in much more technical and precise language. If the non-technical language under this SPD and the technical, legal language of the Plan document conflict, the Plan document always governs. If you wish to receive a copy of the legal Plan document, please contact the Administrator.

This SPD describes the current provisions of the Plan (as of January 1, 2009), as designed to comply with applicable legal requirements. The Plan is subject to federal laws, such as ERISA (the Employee Retirement Income Security Act), the Internal Revenue Code and other federal and state laws which may affect your rights. The provisions of the Plan are subject to revision due to a change in laws or due to pronouncements by the Internal Revenue Service (IRS) or Department of Labor (DOL). We may also amend or terminate this Plan. If the provisions of the Plan that are described in this SPD change, we will notify you.

2. BECOMING A PARTICIPANT

2.1 WHICH EMPLOYEES CAN PARTICIPATE IN THE PLAN?

All employees of Sibley Memorial Hospital are eligible to join the Plan.

2.2 ARE THERE OTHER CONDITIONS THAT I MUST MEET TO PARTICIPATE IN THE PLAN?

No. You will be eligible to participate in the Plan on your date of hire.

2.3 ONCE I MEET THE REQUIREMENTS TO PARTICIPATE IN THE PLAN, HOW DO I ENROLL?

To make Pre-tax or Roth Deferrals to the Plan, you must complete a deferral agreement. You can do this by enrolling electronically via the Internet (<https://www.wellsfargo.com/retirementplan>) or by calling the Wells Fargo Benefits Helpline at 1-888-319-9451.

Your agreement will be effective as soon as administratively feasible. You can begin contributing on the first day of the pay period after your agreement is effective.

2.4 UNDER WHAT CONDITIONS MAY I REENTER THE PLAN AFTER I AM REHIRED?

If you terminate employment with the Hospital and later complete additional service, generally, you will continue to participate in the Plan in the same manner as if your termination had not occurred. However, you must re-elect contribution rates and investment funds by completing a new deferral agreement.

2.5 HOW WILL MY BENEFITS UNDER THE PLAN BE AFFECTED BY MY UNIFORMED SERVICE LEAVE?

The Uniformed Services Employment and Reemployment Rights Act of 1994 ("USERRA") provides for the protection of certain benefits due to your uniformed service leave. Uniformed service leave includes not only service with the Armed Services, but also the commissioned corps of the Public Health Service, and any other category of persons designated by the President in time of war or emergency. If you return to active employment with the Hospital within the period set by USERRA, you will be eligible to make up contributions to the Plan.

SIBLEY MEMORIAL HOSPITAL 403(B) PLAN

In addition, you are a veteran and are reemployed under the Uniformed Services Employment and Reemployment Rights Act of 1994, your qualified military service may be considered service with the Employer. There may also be benefits for employees who die or become disabled while on active duty. Employees who receive wage continuation payments while in the military may benefit from law changes effective in 2009. If you think you may be affected by these rules, ask the Plan Administrator for further details.

3. YOUR ACCOUNT

3.1 WHAT ARE MY ACCOUNTS?

When you become a participant, the Plan will establish accounts in your name based on the types of contributions made to the Plan for you. The Plan allows for the following types of contributions:

- Pre-Tax Deferrals,
- Roth Deferrals, and
- Rollover Contributions.

The contributions and accounts are described in further details in the sections below. Each year your accounts can grow as you make contributions. Your accounts will also be credited with investment earnings and losses.

3.2 WHAT ARE PRE-TAX DEFERRALS?

Pre-Tax Deferrals are a part of your pay that you request the Hospital contribute to the Plan instead of paying it to you in cash. Because the amount you elect to defer is contributed directly to the Plan before you receive it, no federal income taxes are paid on that amount at the time of the contribution. So, it is a pre-tax contribution. You pay taxes when you receive a distribution from the Plan. Pre-Tax Deferrals will be made by payroll deduction and are considered to be Pre-Tax Deferrals for the plan year in which they are made.

You may begin to make Pre-Tax Deferrals the first day of the pay period after you complete a Salary Deferral Agreement. You may make changes to your Salary Deferral elections (including increase your deferrals, decrease your deferrals or stop deferring altogether) daily. Changes in your Pre-Tax Deferral elections may be made via the website at <https://www.wellsfargo.com/retirementplan> or Wells Fargo Benefits Helpline at 1-888-319-9451. Your changes will be effective as soon as administratively feasible.

3.3 WHAT ARE ROTH CONTRIBUTIONS?

Unlike Pre-Tax Deferrals, Roth Deferrals are subject to federal income taxes in the year of deferral. However, the Roth Deferrals and, if you meet certain conditions, the earnings on the Roth Deferrals, are not subject to federal income taxes when distributed to you. This means that the earnings on the Roth Deferrals may never be subject to federal income tax. See Section 7.6.

It is your choice whether to make Pre-Tax Deferrals or Roth Deferrals. You may even decide to do both. But the two types of Employee Contributions are added together for purposes of determining the annual limit on your Employee Contributions and Catch-Up Contributions to the Plan (described in Section 3.4).

You should consult your tax advisor to determine whether Pre-Tax Deferrals or Roth Deferrals are right for you.

3.4 ARE THERE LIMITS TO HOW MUCH PRE-TAX DEFERALS OR ROTH DEFERALS I CAN MAKE?

Yes. Generally, you may elect to contribute (combined Pre-Tax Deferrals and Roth Deferrals) a percentage of your pay that is between 1% and 50%, up to the IRS limits discussed below. Contributions must be made in whole percentages. The contribution percentages above apply to your pay for the portion of the Plan year during which you are a participant.

There are limits set by law on the amount of pay you can save through a Pre-Tax Deferral or Roth Deferral. The total Pre-Tax Deferrals or Roth Deferrals you make cannot exceed a dollar limit for each calendar year set each year by the IRS. The limit for 2009 is \$16,500 (this amount may be adjusted in future years for cost-of-living increases).

You should also be aware that the annual elective deferral limit is an aggregate limit which applies to all deferrals you may make under this Plan and any other 403(b) plans, simplified employee pensions or 401(k) plans in which you may be participating, including those of another employer. Generally, if your total deferrals under all of these arrangements for a calendar year exceed the annual elective deferral limit, then you must include the excess deferrals in your income for the year. If you make excess deferrals you should request in writing that the excess deferrals be returned to you. If you fail to request such a return, you may be taxed a second time when the excess deferral is ultimately distributed from the Plan.

You must decide which plan you would like to have return the amount of any excess deferral. If you decide that this Plan should distribute the excess, you should communicate this in writing to the Administrator no later than the March 1st following the close of the calendar year in which you made the excess deferrals. However, if you contribute excess deferrals in this Plan or any other plan maintained by us, then you will be deemed to have notified the Administrator of the excess. The Administrator will then return the excess deferrals and any earnings thereon to you by April 15 of the year following the calendar year in which you made the excess deferrals.

If you are age 50 or older or will attain age 50 during the Plan Year, you may be able to contribute an additional amount over the above limits (called a "catch-up" contribution). Contact your Plan Administrator for additional information.

3.5 HOW OFTEN CAN I MODIFY THE AMOUNT I CONTRIBUTE?

The amount you elect to contribute either by Pre-Tax Deferral or Roth Deferral will be deducted from your pay in accordance with a procedure established by the Administrator. Such election will become effective as soon as administratively feasible. Your election will remain in effect until you modify or terminate it. You may modify your election at any time. The modification will become effective as soon as administratively feasible. You are also permitted to revoke your election at any time.

3.6 WHAT ARE ROLLOVERS?

At the discretion of the Administrator, you may be permitted to deposit into the Plan distributions you have received from other plans and IRAs, provided such distributions are legally qualified to be rolled over into this Plan. Such a deposit is called a "rollover" and may result in tax savings to you. You may ask your prior plan administrator to directly transfer (a "direct rollover") to this Plan all or a portion of any amount which you are entitled to receive as a distribution from a prior plan. Alternatively, if you received a distribution from a prior plan, you may elect to deposit any amount eligible for rollover within 60 days of your receipt of the distribution. You should consult a qualified tax advisor to determine if a rollover to this Plan is permitted and in your best interest.

Your rollover will be placed in a separate account called a "rollover account." You will always be 100% vested (your ownership rights) in your "rollover account." This means that you will always be entitled to all of your rollover contributions. Rollover contributions will be affected by any investment gains or losses. In addition, any Roth Deferrals that are accepted as rollovers in this Plan shall be accounted for separately.

The Administrator will inform you of the plans and IRAs from which you may make "rollover" contributions.

The tax laws that apply to rollovers are complex. Although the rules are reviewed here, they are too complex to detail in this brief summary. Before making a rollover, you should learn about these rules and comply with them exactly. For more information or to make a rollover to the Plan, you may contact the Plan Administrator or the Wells Fargo Benefits Helpline at 1-888-319-9451.

3.7 FOR DETERMINING CONTRIBUTION AMOUNTS, WHAT DOES "PAY" MEAN?

Your "Pay" for the purposes of the Plan has a special and highly technical meaning. The Plan generally defines compensation as the total amounts paid to the employee for services rendered to the Employer, although some items may be excluded. By law, the Plan may not take into account more than \$245,000 (for 2010) of annual compensation for any participant. This amount may be adjusted after 2009 for cost-of-living increases.

3.8 ARE THERE LIMITS ON THE CONTRIBUTIONS THAT CAN BE MADE TO MY ACCOUNT?

Yes. The government imposed several limits the amounts that can be added to your account in a single year. These rules also place a limit on the amount of pay that can be used for most purposes under the Plan.

For 2010 (the limit may be adjusted in future years by the Secretary of the Treasury) the applicable limits are as follows:

Maximum deferrals	\$ 16,500
Maximum catch-up deferral	\$ 5,500
Maximum contributions to the Plan (all sources)	\$ 49,000
Maximum pay to be considered	\$245,000

However, the rules concerning these limits are very complicated and are beyond the scope of this SPD. If you have questions about these limits, see the Plan Administrator.

4. INVESTMENT OF PLAN FUNDS

4.1 HOW ARE THE PLAN FUNDS INVESTED?

The Plan trustee deposits contributions and rollovers in the trust fund established for the Plan. The trustee is responsible for the safekeeping of Plan assets.

As a participant, you are responsible for directing the manner in which the funds are invested.

You may choose to invest your account among several different investment funds. You can place 100% of those amounts in one fund or spread your investment in multiples of 1% among all of the funds. (Just make sure your total investments add up to 100%.)

You can change your investment decisions. You also can make separate investment elections for your current account balance and for your future contributions to the Plan. Any changes you elect to make will become effective as soon as the Plan Administrator can accomplish the change. Investment elections can be made via the toll-free phone number or the website, each listed below. Expenses of administering the Plan and trust may be paid from the trust fund. Fees and costs associated with the investment of your account may be charged to your account.

You can find information on the investment funds options available on the Wells Fargo Retirement Plan Web Site at www.wellsfargo.com/retirementplan.

Please be aware that:

- You can direct the investment of your Plan accounts and can change your investment elections at any time by logging on to the web site at <https://www.wellsfargo.com/retirementplan> or by calling the Wells Fargo Benefits Helpline at 1-888-319-9451.

The Plan is intended to comply with Section 404(c) of ERISA. This means you are legally responsible for your investment choices. If the Plan complies with this Section of ERISA, then the fiduciaries of the Plan, including the Hospital, the trustee, and the Plan Administrator, will be relieved of any legal liability for any losses that are the direct and necessary result of the investment directions that you give.

4.2 HOW DO I SHARE IN INCOME FROM THE PLAN'S INVESTMENTS?

When you direct the investments, your accounts are segregated for purposes of determining the earnings or losses on these investments. Your account does not share in the investment performance of other participants who have directed their own investments.

Your account will be updated for investment earnings or losses each day that the applicable investment markets are open.

4.3 HOW DO I DECIDE HOW MY FUNDS SHOULD BE INVESTED?

The Hospital has established participant direction procedures setting forth investment choices available to you, the frequency with which you can change your investment choices, and instructions on how you can obtain other important information on directed investments available from the Plan Administrator and/or trustee. These procedures are provided to you when you enroll in the Plan and are also available by calling the Plan's toll-free phone number or by logging on to the Plan's web site.

You need to follow these procedures when you direct investments. You should review the information in these procedures carefully before you give investment directions. Procedures must be followed in giving investment directions.

You should remember that the amount of your benefits under the Plan will depend in part upon your choice of investments. Gains as well as losses can occur. There are no guarantees of performance. The Hospital, the Plan Administrator, and the trustee will not provide investment advice or guarantee the performance of any investment you choose.

You can check your account balance, make investment elections or changes, or request information regarding your investment fund options by calling the Plan's toll-free phone number or by logging on to the Plan's web site at <https://www.wellsfargo.com/retirementplan>. You also can reach an account representative by phone. The number to call is 1-888-319-9451.

5. VESTING

5.1 *WHAT IS VESTING?*

Vesting is the term that refers to the portion of your account that cannot be forfeited by you or taken away from you. You are always 100% vested (which means that you are entitled to all of the amounts) in your Pre-Tax Deferrals, Roth Deferrals and Rollover Contributions.

6. PAYMENT OF BENEFITS

6.1 *WHEN IS MY NORMAL RETIREMENT AGE AND MY RETIREMENT DATE?*

Your normal retirement age is the date you turn 65. Your retirement date is the date you actually retire from employment with the Hospital after you reach your normal retirement age.

6.2 *WHEN ARE RETIREMENT BENEFITS PAID?*

Generally, your Plan benefits begin as soon as practicable after the later of (i) the date you reach your normal retirement age (see Section 6.1), if you have separated from service prior to attaining that age, and (ii) your actual retirement date, if you continued working after your normal retirement age. However, if you separate from service for any reason and do not request payment of your benefits, the Plan will delay payment of your benefits until you attain age 70½.

If you die before your benefit payments begin, your benefits will be paid in a single lump sum as soon as practicable following your death or, if later, the date on which the Plan Administrator receives notification of, or otherwise confirms, your death.

6.3 *IF I QUIT OR OTHERWISE LEAVE EMPLOYMENT BEFORE RETIREMENT, MAY I RECEIVE MY BENEFITS EARLY?*

Yes. If your employment terminates for any reason other than retirement, death, or disability, you may submit a request regarding the date on which you want the vested portion of your account balance distributed. Distribution will be made (unless you request otherwise) as soon as administratively possible. Distribution cannot be made before your Normal Retirement Date without your consent if the total vested value is greater than \$5,000. Special rules apply if your total vested value is \$5,000 or less.

You may be able to delay payment if you wish, but generally only until age seventy and one half (70½). (Please see the Plan Administrator for more detailed information if you are interested in doing this for tax planning purposes.)

You should consult with your tax advisor before requesting a distribution of your benefits. See Section 7.6 for more information on taxes and penalties associated with benefit payments.

Distribution of Balances \$5,000 or Less:

If the total vested amount of all your account balances is less than or equal to \$5,000, the Plan Administrator may “cash out” your benefit at any time after you terminate employment. However, you may elect to receive the distribution to

another retirement plan such as an individual retirement account (“IRA”). At the time of your termination of employment the Plan Administrator will provide you with further information regarding your distribution rights.

If the amount of your “cash out” distribution is more than \$1,000 and you do not elect either to receive or roll over the distribution, then the Internal Revenue Code requires that your distribution be rolled over to an IRA.

You may contact Wells Fargo Retirement Plan Services at 1-888-319-9451, or the Plan Administrator for further information regarding the Plan’s automatic rollover provisions, the IRA provider, and fees and expenses attendant to the IRA.

If the amount of the cash out distribution is \$1,000 or less, you will be required to take a lump-sum distribution of the amount as soon as administratively practicable after the termination of your employment. Such distribution may be made without your consent.

6.4 IF I CONTINUE WORKING PAST MY NORMAL RETIREMENT AGE, WHEN DO MY PAYMENTS BEGIN?

If you continue working past normal retirement age (see Section 6.1), your active participation in the Plan will continue and your benefits generally will not be paid until after your employment ends.

6.5 IN WHAT FORM WILL MY BENEFITS NORMALLY BE PAID?

Your benefit is normally paid to you in a single lump sum payment. However, you may elect your benefit to be paid to another qualified plan as a direct rollover. For more information on requesting a direct rollover, see Section 7.6.

See Section 8.5 for information on how to request a distribution from the Plan.

6.6 MAY I ROLL MY DISTRIBUTION OVER INTO AN IRA OR ANOTHER ELIGIBLE RETIREMENT PLAN?

If you are entitled to a distribution of more than \$200, then you may reduce, or defer entirely, the tax due on your distribution through use of one of the following methods:

- The rollover of all or a portion of the distribution you actually receive to a traditional Individual Retirement Account (IRA) or another qualified employer plan. This will result in no tax being due until you begin withdrawing funds from the traditional IRA or other qualified employer plan. The rollover of the distribution, however, **MUST** be made within strict time frames (normally, within 60 days after you receive your distribution). Under certain circumstances all or a portion of a distribution may not qualify for this rollover treatment. In addition, most

distributions will be subject to mandatory federal income tax withholding at a rate of 20%. This will reduce the amount you actually receive. For this reason, if you wish to roll over all or a portion of your distribution amount, the direct rollover option described in the paragraph below would be the better choice.

- For most distributions, you may request that a “direct rollover” of all or a portion of the distribution be made to either a traditional Individual Retirement Account (IRA) or another qualified employer plan willing to accept the rollover. A direct rollover will result in no tax being due until you withdraw funds from the traditional IRA or other qualified employer plan. Like the 60-day rollover, under certain circumstances all or a portion of the amount to be distributed may not qualify for this direct rollover, e.g., a distribution of less than \$200 will not be eligible for a direct rollover. If you elect to actually receive the distribution rather than request a direct rollover, then in most cases 20% of the distribution amount will be withheld for federal income tax purposes.

Whenever you receive a distribution, the Plan Administrator will deliver to you a more detailed explanation of these options. However, the rules which determine whether you qualify for favorable tax treatment are very complex. You should consult with a qualified tax advisor before making a choice.

If you would like more information about rollovers, please contact the Plan Administrator, or contact the Plan’s toll free helpline at 1-888-319-9451.

6.7 WHAT IS A QUALIFIED DOMESTIC RELATIONS ORDER, AND HOW CAN A QUALIFIED DOMESTIC RELATIONS ORDER AFFECT MY BENEFITS UNDER THE PLAN?

A Qualified Domestic Relations Order, or “QDRO,” is a court order that provides child support, alimony or marital property rights to a spouse, former spouse or dependent from your account in the Plan. A QDRO must be issued pursuant to a state domestic relations law and must meet certain technical requirements. A QDRO cannot require the Plan to provide any type or form of payment, or any option, not permitted by the Plan (although it can require payment before you terminate employment). Under a QDRO, a former spouse may be entitled to the same rights as a current spouse, with respect to some or all of your account. If this is the case, then any provisions in the Plan that require spousal approval, such as naming a non-spouse beneficiary or (if applicable) choosing certain optional forms of payment, may apply to your former spouse with respect to the portion of your account designated for the former spouse.

The Plan Administrator will determine whether an order meets the requirements of a QDRO. While the Plan Administrator is making this determination, you may be prohibited from receiving a distribution from the Plan.

SIBLEY MEMORIAL HOSPITAL 403(B) PLAN

If it appears that you may be subject to a QDRO, you should contact the Plan Administrator immediately. You can obtain, without charge, a copy of the Plan's QDRO procedures from the Plan Administrator. Your account may be charged a fee for processing the QDRO. If so, information about the fee will be included in the Plan's QDRO procedures.

7. IN-SERVICE WITHDRAWALS AND LOANS

7.1 MAY I MAKE WITHDRAWALS FROM MY ACCOUNT BEFORE I LEAVE EMPLOYMENT?

Yes. The Plan permits withdrawals from some of your accounts if certain circumstances are met. The plan permits the following types of withdrawals:

- In-service withdrawals at age 59½, and
- Hardship withdrawals.

Please note that there are specific requirements and instructions on these distributions. Although this summary contains a brief overview of these requirements, a brief summary cannot cover all the rules and requirements on requesting an in-service withdrawal. If you are interested in requesting a withdrawal, contact the Plan Administrator or the Wells Fargo Benefits Helpline at 1-888-319-9451 for more information.

7.3 WHAT ARE THE RULES REGARDING A WITHDRAWAL AFTER AGE 59½?

After age 59½, you may request a withdrawal from any of your Accounts. For more information or to request a withdrawal, contact the Wells Fargo Benefits Helpline at 1-888-319-9451.

7.4 WHAT ARE THE RULES REGARDING FINANCIAL HARDSHIP WITHDRAWALS?

The IRS will permit you to take a hardship withdrawal from a portion of your Accounts under certain circumstances.

Hardship withdrawals are available for the following purposes:

- eligible uninsured medical expenses incurred, or that will be incurred by you, your spouse, or your dependents;
- purchase (excluding mortgage payments) of your principal residence;
- payment of tuition and related educational fees for the next 12 months of post-secondary education for you, your spouse, your children, or your dependents;
- amounts necessary to prevent your eviction from your principal residence or foreclosure on the mortgage on your principal residence;
- funeral expenses for an immediate family member; or

- expenses relating to the repair of your principal residence which was damaged by a natural disaster.

In addition, in order to qualify for a hardship withdrawal, you must have no other resources or savings available to you to satisfy the immediate and heavy financial need. Under the Plan, you will be considered not to have sufficient resources to meet the immediate and heavy financial need only if all the following conditions are satisfied:

- The distribution the Plan makes to you is not in excess of the immediate and heavy financial need, plus any income taxes and penalties reasonably anticipated resulting from the distribution.
- You have obtained all distributions (other than hardship distributions) and all nontaxable loans available from any plan the Hospital maintains.
- Under the Plan and all other plans maintained by the Hospital, your Pre-Tax Deferrals will be suspended for at least six months after receipt of the hardship distribution.

In general, a hardship distribution of all or a portion of your account will be subject to current federal income taxation. If you are under age 59½ at the time of the hardship distribution, there may also be an additional income tax because of your age at the time of the distribution.

The amount the hardship withdrawal is limited to an amount necessary to resolve your immediate financial need, plus taxes on that amount.

If you apply for a hardship withdrawal you should be prepared to provide the Plan Administrator with sufficient documentation from a third party to prove the existence and the amount of your financial hardship.

If you make a withdrawal from this account, you will be suspended from making Deferrals for six months from making contributions to the Plan.

If you are allowed to take a withdrawal from your account, you may take only one such withdrawal per plan year, unless the withdrawal form allows for more frequent distributions.

7.5 HOW DO I REQUEST A DISTRIBUTION?

If you are eligible for a distribution or in-service withdrawal from the Plan, you may request a distribution or withdrawal by calling the Wells Fargo Benefits Helpline at 1-888-319-9451 or by logging on to Wells Fargo web site at <https://www.wellsfargo.com/retirementplan>.

7.6 ARE THERE TAXES DUE ON DISTRIBUTIONS FROM THE PLAN?

Generally, you must include any Plan distribution in your taxable income in the year in which you receive the distribution. The tax treatment may also depend on your age when you receive the distribution.

If you receive distribution of a Roth Deferral, since you paid current federal income tax on the deferral contribution in the year of deferral, the deferrals are not subject to federal income taxes when distributed to you. The earnings on Roth Deferrals are also tax free upon distribution if you receive a “qualified distribution” from your Roth Deferral account.

In order to be a “qualified distribution,” the distribution must occur after one of the following: (1) your attainment of age 59½, (2) your disability, or (3) your death. In addition, the distribution must occur after the expiration of a 5-year participation period. The 5-year participation period is the 5-year period beginning on the calendar year in which you first make a Roth contribution to the Plan (or to another 401(k) plan or 403(b) plan if such amount was rolled over into the Plan) and ending on the last day of the calendar year that is 5 years later. For example, if you make your first Roth Deferral under this Plan on November 30, 2006, your participation period will end on December 31, 2010. This means that you could take a qualified distribution as early as January 1, 2011. It is not necessary that you make a Roth contribution in each of the five years.

If a distribution from your Roth Deferral account is not a qualified distribution, the earnings distributed with the Roth Deferrals will be taxable to you at the time of distribution (unless you roll over the distribution to a Roth IRA or other 401(k) plan or 403(b) plan that will accept the rollover). In addition, in some cases, there may be a 10% excise tax on the earnings that are distributed.

7.7 MAY I BORROW MONEY FROM THE PLAN?

Yes. You may request a Plan loan from your account, under the rules found in the Plan document or in the Plan’s separate written loan policy. These procedures include certain rules required by law, such as the amount that you can borrow, the length of the loan repayment period and the need for spousal consent, if you are married.

Upon request, the Plan Administrator will provide you with a copy of the written loan policy and a copy of the loan application.

8. PLAN TERMINATION OR AMENDMENT

8.1 UNDER WHAT CONDITIONS MAY THE PLAN BE AMENDED OR TERMINATED?

The Hospital has the right to amend or modify the Plan at any time, subject to certain conditions. The Hospital intends and expects to maintain the Plan and make contributions to it as described in this SPD. However, it reserves the right to terminate the Plan. If the Hospital discontinues the business, or if it merges with or is sold to another Hospital and that Hospital does not adopt the Plan within ninety days, the Plan will automatically terminate. The Hospital will notify you if a decision to terminate the Plan has been made.

8.2 IF THE PLAN TERMINATES, WHAT WILL HAPPEN TO MY ACCOUNT?

If the Plan terminates, the assets of the trust fund will be used solely to provide benefits to you, other Plan participants and designated beneficiaries after any expenses of the Plan have been paid. Your benefits will be paid to you as soon as practical. After all assets have been distributed, the trustee has no more responsibilities under the Plan and neither you nor your beneficiary will have any further claim to the trust fund.

8.3 ARE BENEFITS UNDER THIS PLAN INSURED OR GUARANTEED BY A GOVERNMENTAL AGENCY?

No. Under the Employee Retirement Income Security Act of 1974 ("ERISA"), a corporation was established within the United States Department of Labor to insure the benefits promised under certain types of pension plans. The corporation is known as the Pension Benefit Guaranty Corporation ("PBGC"). Under present law, the PBGC can not insure the benefits under this Plan because it is a profit sharing plan in which the benefits you receive are based on your actual account balances. The PBGC insures only "defined benefit pension" plans.

9. PLAN ADMINISTRATION

9.1 HOW IS MY PLAN ADMINISTERED?

Your Plan Administrator is the Hospital, but an individual may be selected by the Hospital to administer the day-to-day operations of your Plan. A committee may be appointed to make certain policy decisions.

9.2 HOW DO I CONTACT THE PLAN ADMINISTRATOR?

You may contact the Plan Administrator by contacting the office of the Hospital as listed in Section 11.

9.3 HOW ARE THE PLAN'S EXPENSES PAID?

The Plan permits the payment of Plan expenses to be made from the Plan assets. If the Employer does not pay these expenses, then the expenses paid using the Plan's assets will generally be allocated among the accounts of all participants in the Plan. These expenses will be allocated either proportionately based on the value of the account balances or as an equal dollar amount based on the number of participants in the Plan. The method of allocating the expenses depends on the nature of the expense itself. For example, certain administrative (or recordkeeping) expenses would typically be allocated equally to each participant. If the Plan pays \$1,000 in expenses and there are 100 participants, your account balance would be charged \$10 ($\$1,000/100$) of the expense.

9.4 HOW DO I PRESENT A CLAIM FOR BENEFITS?

The Plan Administrator has established the following procedures for filing claims for benefits available under the Plan. **FAILURE TO FOLLOW THESE PROCEDURES WITHIN THE REQUIRED TIME PERIODS WILL RESULT IN THE LOSS OF YOUR RIGHT TO SUE IN COURT.**

- (a) When a claim exists, you, your beneficiary or an authorized representative should call the Plan's helpline or access the Plan's website, each listed in Section 11. A claimant can submit the claim over the phone or through the website. The Plan Administrator will respond to the claim in writing within 90 days of the submission, stating whether the claimant is eligible for benefits under the Plan. If the Plan Administrator determines that a claimant is not eligible for benefits or full benefits, the notice will:
 - (i) state the specific reasons for the denial of any benefits;
 - (ii) provide a specific reference to the provision of the Plan on which the denial is based;

SIBLEY MEMORIAL HOSPITAL 403(B) PLAN

- (iii) provide a description of any additional information or material necessary for the claimant to perfect the claim, and a description of why it is needed;
- (iv) state that the claimant will be provided, on request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim;
- (v) state the claimant's right to bring a civil action under ERISA Section 502(a) following a continued denial of a claim after appeal review; and
- (vi) provide an explanation of the Plan's claims review procedure and other appropriate information as to the steps to be taken if the claimant wishes to have the claim reviewed.

If the Plan Administrator determines that there are special circumstances requiring additional time to make a decision, the Plan Administrator will notify the claimant of the special circumstances and the date by which a decision is expected to be made, and may extend the time for up to an additional 90 day period.

- (b) If a claimant is determined by the Plan Administrator not to be eligible for benefits or if the claimant believes that he or she is entitled to greater or different benefits, the claimant will be provided the opportunity to have his or her claim reviewed by the Plan Administrator by filing a petition for review with the Plan Administrator within 60 days after the claimant receives the notice issued by the Plan Administrator. The petition must state the specific reasons the claimant believes he or she is entitled to benefits or greater or different benefits. Within 60 days after the Plan Administrator receives the petition, the Plan Administrator will give the claimant (and his or her counsel, if any) an opportunity to present his or her position to the Plan Administrator in writing, and provide the claimant (or his or her counsel) an opportunity to review any pertinent documents. The Plan Administrator will notify the claimant of its decision in writing within such 60-day period, stating specifically the basis of the decision and the specific provisions of the Plan on which the decision is based. If because of special circumstances requiring additional time to make a decision, the 60-day period is not sufficient, the decision may be deferred for up to another 60 days at the election of the Plan Administrator. Notice of such deferral will be given to the claimant.

A claimant must exhaust the foregoing procedures before pursuing the claim in any other proceeding.

- (c) A claimant cannot commence a civil action pursuant to ERISA section 502(a)(1), with respect to a benefit under the Plan after the earlier of:
 - (i) three years after the occurrence of the facts or circumstances that give rise to or form the basis for the action; and

SIBLEY MEMORIAL HOSPITAL 403(B) PLAN

- (ii) one year from the date the claimant had actual knowledge of the facts or circumstances that give rise to or form the basis for the action.
- (d) Any civil action to obtain a benefit must be filed in the United States District Court for the District of Columbia and the law as stated and applied by the United States Court of Appeals for the District of Columbia Circuit or the United States District Court for the District of Columbia will govern.
- (e) Consult the Plan document for further details regarding claims and disputes.

10. YOUR RIGHTS UNDER ERISA

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

Examine without charge, at the Plan Administrator's office, all documents governing the Plan, including trust contracts, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the Plan Administrator, copies of documents covering the operation of the Plan, and copies of the latest annual report (Form 5500 series) and updated Summary Plan Description. The Plan Administrator may make a reasonable charge for the copies.

Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual financial report.

Obtain a statement telling you whether you have a right to receive a benefit at normal retirement age and if so, what your benefits would be at normal retirement age if you stop working under the Plan now. If you do not have a right to a benefit, the statement will tell you how many more years you have to work to get a right to a benefit. This statement must be requested in writing and is not required to be given more than once every 12 months. The Plan must provide the statement free of charge.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people responsible for operation of the employee benefit plan. The people who operate your Plan, called "fiduciaries," have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including the Hospital or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a pension benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may (after following the Plan's claim appeal process explained in Section 9) file suit in a state or federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court. If it should happen that the Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about the Plan, for example, if it finds your claim is frivolous, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest Office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

11. OTHER IMPORTANT PLAN INFORMATION

Primary contact information

You can enroll in the Plan, make Pre-Tax and Roth Deferral elections or changes, check your account balance, make investment elections or changes, request distributions, withdrawals and loans, ask questions and request other information about the Plan by calling the participant helpline at:

1-888-319-9451;

or by logging on to:

<https://www.wellsfargo.com/retirementplan>.

When you enroll in the Plan, a personal identification number ("PIN") will be assigned to you. This PIN and your social security number will allow you to access your account via the website or telephone helpline. If you have difficulty accessing the website or helpline, contact the Plan Administrator listed below.

Sponsoring Hospital:

The Hospital who sponsors this Plan is:

Sibley Memorial Hospital
5255 Loughboro Road NW
Washington, District of Columbia 20016

Sponsoring Hospital's Federal Identification Number:

53-0196602

This is the number used to identify the sponsoring Hospital with certain government agencies.

Plan Number:

The sponsoring Hospital has assigned this Plan a plan number of 003. This is the number used to identify the Plan in reports to the government.

Plan Administrator:

The Plan Administrator is responsible for the day-to-day administration of the Plan. The Plan Administrator is:

The Hospital (see above).

Trustee:

The trustee is responsible for the safekeeping of plan assets and for the day-to-day administration of the trust fund. The trustee manages the trust fund, investing contributions to the Plan and paying benefits as they come due. The trustee is:

Wells Fargo Bank, N.A.
608 2nd Ave. South
Minneapolis, MN 55479
ATTN: Retirement Services

Plan and Fiscal Year:

The plan year is January 1 to December 31.

Agent for Service of Legal Process:

Service of legal process may be made upon the Hospital. Service of legal process may also be made upon the Plan Administrator and/or the trustee.

Effective Date:

The original effective date of the Plan is January 1, 2002. As of the initial printing of this SPD, this is a summary of the Plan as restated January 1, 2009.

This Summary Plan Description is intended to provide you with easy-to-understand general explanations of the more significant provisions of this Plan. Every effort has been made to make this explanation as accurate as possible; however, the provisions of the Plan are highly technical in nature. As lengthy as this summary of provisions seems, it is still merely a summary. If any conflict should arise between this Summary Plan Description (SPD) and the provisions of the Plan, or if, after the best efforts of all involved in writing this summary, any provision is not covered or only partially covered, the terms of the actual Plan document (which will be available to you for review at the offices of the Hospital) will govern in all cases. Consequently, you are urged to review the Plan document itself whenever a matter or issue of importance arises for you.

Plan provisions change from time to time. Those changes occur because the law changes or because the Hospital changes the Plan. Changes made to the Plan are effective on certain dates specified in the Plan amendments.