

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>
A This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____	
B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively-bargained plan, check here. ☒	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>UC HEALTH RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ►	<u>006</u>	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UC HEALTH, LLC</u> <u>3200 BURNET AVENUE</u> <u>CINCINNATI, OH 45229</u>		1c Effective date of plan <u>01/01/1999</u>	
2b Employer Identification Number (EIN) <u>31-1435820</u>		2c Plan Sponsor's telephone number <u>513-585-6000</u>	
2d Business code (see instructions) <u>622000</u>			

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2017	CLARENCE PAULEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) <u>ELIZABETH I. WILTFONG</u> <u>DELOITTE TAX LLP</u> <u>1100 WALNUT STREET, SUITE 3300</u> <u>KANSAS CITY, MO 64106-2129</u>			Preparer's telephone number <u>816-474-6180</u>

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 7014
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 4120 6a(2) 3661 6b 1333 6c 1473 6d 6467 6e 175 6f 6642 6g 0 6h 175
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>UC HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UC HEALTH, LLC</u>	D Employer Identification Number (EIN) <u>31-1435820</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>228946360</u>
b Actuarial value	2b <u>246243633</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1401</u> <u>86172250</u> <u>86172250</u>
b For terminated vested participants.....	<u>1493</u> <u>47878263</u> <u>47878263</u>
c For active participants.....	<u>4120</u> <u>89834589</u> <u>93102984</u>
d Total.....	<u>7014</u> <u>223885102</u> <u>227153497</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.20 %</u>
6 Target normal cost.....	6 <u>2518702</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/04/2017</u>
	Signature of actuary	Date
<u>BLAKE A. BAIETTO</u>	Type or print name of actuary	<u>17-06524</u>
<u>TOWERS WATSON DELAWARE INC.</u>	Firm name	Most recent enrollment number
<u>1001 LAKESIDE AVENUE, SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</u>	Address of the firm	<u>216-937-4000</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	809083	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	809083	0
10	Interest on line 9 using prior year's actual return of <u>-4.13%</u>	-33415	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		43217029
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.41%</u>		2770212
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		45987241
d	Portion of (c) to be added to prefunding balance		15696693
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	775668	15696693

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.15%
15	Adjusted funding target attainment percentage	15	108.40%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.69%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2017	5000000	0			
Totals ►			18(b)	5000000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 4512458
20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th 0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.43% 2nd segment: 5.91% 3rd segment: 6.65%	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	63
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	2518702
b	Excess assets, if applicable, but not greater than line 31a	31b	2518702
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34
			0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		36
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37
			4512458
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	4512458
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
40	Unpaid minimum required contributions for all years		40
			0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	0
43	Excess installment acceleration amount to be carried over to future plan years	43	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan UC HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☐ Yes ☒ No
- b

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

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

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

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

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

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

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

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

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

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

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

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

TOWERS WATSON DELAWARE

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	308257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FUND EVALUATION GROUP, LLC

01-0694771

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	96693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	70917	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	36400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET RETIREE SERVICES

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	34603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan UC HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ►	006
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	51619616	5000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	22547622	3555960
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	13621912	47329335
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	139906665	173120330
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3436055	3706751

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	231131870	232712376

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	94923	91444
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	94923	91444

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	231036947	232620932
---	-----------	-----------	-----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8412	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	107037	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		115449
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4694166	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4694166
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(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)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5984677
c Other income.....	2c		573237
d Total income. Add all income amounts in column (b) and enter total.....	2d		16367529

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12170320	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		12170320
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)	379260	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	167610	
(4) Other	2i(4)	2066354	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2613224
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14783544

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1583985
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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** 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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3993396. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
---	---	--

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>UC HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UC HEALTH, LLC</u>	D Employer Identification Number (EIN) <u>31-1435820</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1867445</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>139</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: <u>67</u> % Investment-Grade Debt: <u>30</u> % High-Yield Debt: <u>3</u> % Real Estate: <u>0</u> % Other: <u>0</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify):

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

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

UC Health Retirement Plan
Years Ended December 31, 2016 and 2015
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

UC Health Retirement Plan
Financial Statements and Supplemental Schedules

Years Ended December 31, 2016 and 2015

Contents

Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits.....	4
Notes to Financial Statements.....	5
Supplemental Schedules	
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year).....	18
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions.....	19

Report of Independent Auditors

The Plan Administrator
UC Health Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the UC Health Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2016 and 2015, and for the years ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2016, and reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Compliance of Form and Content With Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 6, 2017

UC Health Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2016	2015
Assets		
Investments:		
Investments at fair value	<u>\$ 227,712,376</u>	<u>\$ 179,512,254</u>
Total investments	227,712,376	179,512,254
Receivables:		
Employer contributions	<u>5,000,000</u>	<u>51,619,616</u>
Total receivables	5,000,000	51,619,616
Total assets	<u>232,712,376</u>	<u>231,131,870</u>
Liabilities		
Accrued administrative expenses	<u>91,444</u>	<u>94,923</u>
Total liabilities	91,444	94,923
Net assets available for benefits	<u><u>\$ 232,620,932</u></u>	<u><u>\$ 231,036,947</u></u>

See accompanying notes.

UC Health Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2016	2015
Additions:		
Employer contributions	\$ 5,000,000	\$ 51,619,616
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	6,557,914	(12,109,555)
Dividend and interest income	4,809,615	3,955,625
Net investment income (loss)	11,367,529	(8,153,930)
Total additions:	16,367,529	43,465,686
Deductions:		
Benefit payments paid directly to participants	12,170,320	28,085,381
Administrative expenses	2,613,224	3,757,213
Total deductions	14,783,544	31,842,594
Net increase	1,583,985	11,623,092
Net assets available for benefits:		
Beginning of year	231,036,947	219,413,855
End of year	<u>\$ 232,620,932</u>	<u>\$ 231,036,947</u>

See accompanying notes.

UC Health Retirement Plan

Notes to Financial Statements

December 31, 2016

1. Description of Plan

The following description of the UC Health Retirement Plan (the Plan) is provided for general information purposes only. UC Health, LLC (UC Health) is the plan sponsor. Participants should refer to the Plan Document, as defined, for more complete information.

General

The Plan is a defined benefit plan that was effective January 1, 1999, from a consolidation of several predecessor plans. Substantially all employees of UC Health who have completed one year of service and have attained age 21 are eligible to participate in the Plan. UC Health is responsible for the general administration of the Plan. State Street Bank and Trust Company (State Street) serves as the trustee for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

The normal retirement age is 65. For retiring participants under the Plan, the normal annual pension benefit equals 1% of the final average earnings (highest five calendar years of earnings out of ten years of participation in the plan) plus 0.35% of the final average earnings over the Social Security covered compensation multiplied by the years of credited service up to 30 years.

Participants are fully vested after completing five years of credited service, with no partial vesting prior to five years of credited service. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a limited lump-sum payment option.

Additionally, effective December 2014, the Plan was amended to allow for a special benefit payment election for qualifying participants during 2015. During the special benefit election period, qualifying participants were permitted to elect to receive or commence to receive their accrued benefit as of June 1, 2015. Qualifying participants included those who were no longer employed by UC Health on December 31, 2014, and were entitled to a vested accrued benefit of \$100,000 or less for which payment had not commenced. Payment of such accrued benefit was made in the form and manner elected by the qualifying participants. Lump-sum payments totaling \$18,366,066 were made in June 2015 under such election.

UC Health Retirement Plan

Notes to Financial Statements (continued)

1. Description of Plan (continued)

Effective December 31, 2015, the Plan was amended to freeze employee participation and benefit accruals for the American Federation of State, County, and Municipal Employees (AFSCME) union. The pension benefit for AFSCME participants is based on earnings and years of credited service earned on or before December 31, 2015.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States (U.S. GAAP).

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment securities, including cash equivalents, mutual funds, and alternative investments. 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.

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

UC Health Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

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 9 for a 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. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Certain administrative expenses are paid by the Plan, either directly or by UC Health, which are subsequently reimbursed by the Plan. UC Health provides certain administrative services to the Plan for which no fees are charged.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

New Accounting Pronouncements

In August 2014, the Financial Accounting Standards Board issued Accounting Standards Update No. (ASU) 2014-15, *Presentation of Financial Statements – Going Concern (Subtopic 205-40): Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern*. ASU 2014-15 defines management's responsibility to evaluate whether there is a substantial doubt about an organization's ability to continue as a going concern and to provide related footnote disclosures. In connection with preparing financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about an organization's ability to continue as a going concern within one year after the date that the financial statements are issued. ASU 2014-15 is effective for fiscal years ending after December 15, 2016. Management has performed this assessment as of the date these financial statements were issued and no going concern uncertainties were identified.

UC Health Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Subsequent Events

Subsequent events were evaluated through October 6, 2017, the date the accompanying financial statements were available to be issued.

3. Funding Policy

Contributions to provide benefits under the Plan are made solely by UC Health. UC Health's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary and to maintain a funding level equal to or greater than 80% of the target liability. UC Health met the minimum funding requirements of ERISA for the years ended December 31, 2016 and 2015.

4. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the employees' contributions, compensation, and services that employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries and (2) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability, or termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by independent actuaries. The amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The more significant actuarial assumptions used in the valuations are as follows:

- *Mortality rate* – RP-2014 Mortality tables with sex-distinct rates for employees and annuitants with fully generational mortality improvement projection from base year 2006 using Scale MP-2015 as of December 31, 2015.
- *Assumed rate of return on investments* – 7.25% as of December 31, 2015.

UC Health Retirement Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

- *Lump-sum rate* – 5.00% as of December 31, 2015.
- *Retirement age* – Average assumed retirement age of approximately age 62 and a range of ages from 55 to 70 years old as of December 31, 2015.
- The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. Effective December 31, 2015, the qualified plan compensation limit of \$265,000 and the qualified plan benefit limit of \$210,000 remained unchanged.

The actuarial present value of accumulated plan benefits as of December 31, 2015, is as follows:

Vested benefits:	
Participants and/or beneficiaries currently receiving benefits	\$ 80,895,884
Other participants	137,328,811
Total vested benefits	<u>218,224,695</u>
Non-vested benefits	3,256,763
Total actuarial present value of accumulated plan benefits	<u><u>\$ 221,481,458</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2015, are as follows:

Actuarial present value of accumulated plan benefits –	
January 1, 2015	\$ 216,344,174
Increase (decrease) during the year attributed to:	
Benefits accumulated	627,613
Interest due to decrease in the discount period	14,712,359
Benefits paid	(28,085,381)
Assumption changes	(2,676,736)
Actuarial losses	3,121,371
Plan amendments	17,438,058
Actuarial present value of accumulated plan benefits –	
December 31, 2015	<u><u>\$ 221,481,458</u></u>

UC Health Retirement Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

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

5. Information Certified by the Trustee

Other than the fair value of the investments in limited partnerships/companies, commingled funds, and hedge funds (alternative investments), and the related net appreciation (depreciation), certain information related to investments for the Plan disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2016 and 2015, and net appreciation (depreciation) in fair value of investments, interest, and dividends for the years ended December 31, 2016 and 2015, was obtained or derived from information provided to the plan administrator and certified as complete and accurate by State Street, the trustee of the Plan. The following investment information was not certified by the trustee:

	Year Ended December 31	
	2016	2015
LGIMA Long Duration US Credit Fund, LLC	\$ 43,487,259	\$ 29,039,994
Clifton Equal Sector Commodity Strategy Fund, LLC	5,516,698	5,920,458
RWC Frontier Markets Equity Fund Ltd.	6,288,423	4,681,083
Harvest MLP Income Fund, LP	9,980,151	5,438,124
Hitchwood Capital Fund Ltd.	3,618,656	3,409,619
Tybourne Long Opportunities (Offshore) Fund	6,204,500	4,848,850
AQR Style Premia Offshore Fund Ltd.	5,957,263	5,363,443
ESG Domestic Opportunity Offshore Fund Ltd.	3,500,426	3,287,466
Lee Fund Ltd.	6,368,155	—
Tensile Capital Partners Offshore Tensile, LP	3,887,569	—
Kepos Exotic Beta Fund Ltd.	5,819,190	4,588,834
FEG Absolute Access TEI Fund, LLC	11,725,676	10,148,459
Tensile Capital Partners Offshore Class PAS	247,900	—
JHL Capital Group Fund Ltd.	3,706,751	3,436,055
Total alternative investments	<u>\$ 116,308,617</u>	<u>\$ 80,162,385</u>

UC Health Retirement Plan

Notes to Financial Statements (continued)

5. Information Certified by the Trustee (continued)

	Year Ended December 31	
	2016	2015
Net appreciation (depreciation) in fair value of alternative investments:		
LGIMA Long Duration US Credit Fund, LLC	\$ 2,177,265	\$ (1,960,006)
Clifton Equal Sector Commodity Strategy Fund, LLC	465,119	(1,279,542)
RWC Frontier Markets Equity Fund Ltd.	538,340	(518,917)
Harvest MLP Income Fund, LP	1,189,027	(1,761,876)
Hitchwood Capital Fund Ltd.	(195,222)	9,619
Tybourne Long Opportunities (Offshore) Fund	314,651	48,850
AQR Style Premia Offshore Fund Ltd.	89,820	263,443
ESG Domestic Opportunity Offshore Fund Ltd.	(316,040)	(112,534)
Lee Fund Ltd.	539,155	—
Tensile Capital Partners Offshore Tensile, LP	377,329	—
Kepos Exotic Beta Fund Ltd.	(180,810)	(511,166)
FEG Absolute Access TEI Fund, LLC	136,683	(151,541)
Tensile Capital Partners Offshore Class PAS	—	—
JHL Capital Group Fund Ltd.	(566,304)	36,055
Total net appreciation (depreciation) in alternative investments	<u>\$ 4,569,013</u>	<u>\$ (5,937,615)</u>

6. Termination of the Plan

Although it has not expressed any intention to do so, UC Health has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan Document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

UC Health Retirement Plan

Notes to Financial Statements (continued)

6. Termination of the Plan (continued)

Whether all participants receive the benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

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

Certain plan investments are shares and units of funds managed by State Street. State Street is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management and custody services amounted to \$70,917 and \$71,304 for the years ended December 31, 2016 and 2015, respectively.

8. Federal Income Tax Status

The Internal Revenue Service (the IRS) determined, by letter dated May 30, 2013, that the Plan was designed in accordance with the applicable regulations of the Internal Revenue Code (the IRC). The Plan has been amended and restated since receiving the original determination letter. The Plan applied to the IRS on January 26, 2016, for an updated determination letter with respect to the amended and restated Plan Document, for which a favorable determination was received dated March 10, 2017. The plan administrator and the Plan's tax counsel believe that the Plan is designed and operated in compliance with the applicable requirements of the IRC, and the Plan continues to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to 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, 2016, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

UC Health Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements

The fair value framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety.

UC Health Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

Asset Valuation Techniques

Valuation technologies 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. There have been no changes in the methodologies used at December 31, 2016 or 2015.

Cash Equivalents

Cash equivalents/exchange traded funds are held primarily in short-term money market commingled funds, which are valued at cost plus accrued interest, which approximate fair value.

Mutual Funds

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds 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. The mutual funds held by the Plan are deemed to be actively traded.

Alternative Investments

Alternative investments are not necessarily readily marketable and may include marketable debt and equity securities, commodities, trading in futures contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. Management has determined that the net asset value is an appropriate estimate of the fair value of these instruments at December 31, 2016 and 2015, based on the fact that the alternative investments are accounted for at fair value by the administrators of the respective alternative investments. Alternative investments can be divested only at specified times in accordance with the terms of the partnership or fund agreements. Certain alternative investment redemptions typically contain restrictions that allow for a portion of the withdrawal proceeds to be held back from distribution while the underlying investments are liquidated and pending completion of the annual audit of the fund.

The investment objective of the ERISA Pool, which includes alternative investments, is to bring investment returns, net of all fees, costs, and expenses, that exceed the actuarial return assumption.

UC Health Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

Fair Value of Investments That Use Net Asset Value

The following tables summarize investments measured at fair value based on the net asset value per share at December 31:

2016				
Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Limited partnerships/ companies	\$ 52,846,032	N/A	Semimonthly, Monthly, Quarterly, and Semianually Weekly, Monthly, and	5–90 days
Commingled funds	59,755,834	N/A	Quarterly	5–90 days
Hedge funds	\$ 3,706,751	N/A	Quarterly	60 days
2015				
Investment Type	Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Limited partnerships/ companies	\$ 37,567,129	N/A	Semimonthly, Monthly, Quarterly, and Semianually Weekly, Monthly, and	5–75 days
Commingled funds	39,159,201	N/A	Quarterly	5–90 days
Hedge funds	\$ 3,436,055	N/A	Quarterly	60 days

UC Health Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31:

	2016			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 3,555,960	\$ 3,555,960	\$ —	\$ —
Mutual funds:				
Equity funds	85,776,613	85,776,613	—	—
Fixed income funds	22,071,186	22,071,186	—	—
Total investments	111,403,759	\$ 111,403,759	\$ —	\$ —
Investments measured at net asset value:				
Alternative investments:				
Limited partnerships/ companies	52,846,032			
Commingled funds	59,755,834			
Hedge funds	3,706,751			
Total investments at fair value	\$ 227,712,376			

UC Health Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

	2015			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 4,522,863	\$ 4,522,863	\$ —	\$ —
Mutual funds:				
Equity funds	69,757,933	69,757,933	—	—
Fixed income funds	25,069,073	25,069,073	—	—
Total investments	99,349,869	\$ 99,349,869	\$ —	\$ —
Investments measured at net asset value:				
Alternative investments:				
Limited partnerships/ companies	37,567,129			
Commingled funds	39,159,201			
Hedge funds	3,436,055			
Total investments at fair value	\$ 179,512,254			

Supplemental Schedules

UC Health Retirement Plan

EIN 31-1435820 Plan #006

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

December 31, 2016

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Shares/Par	Cost	Current Value
Cash equivalents:			
SS Inst Treas Plus MM Fund TPL	3,548,989	\$ 3,546,991	\$ 3,555,960
Mutual funds:			
Doubleline Total Return Bond Fund	1,572,641	17,244,545	16,701,451
iShares 20 Year Treasury Bond	18,540	2,432,298	2,208,670
iShares Tips Bond ETF	27,932	3,197,279	3,161,064
iShares Global Reit ETF	283,473	7,139,777	7,154,859
AQR International Equity Fund	1,263,030	12,437,879	12,087,197
Vanguard 500 Index Fund	19,640	3,651,563	4,057,059
DFA Emerging Markets Value POR	239,483	6,052,109	5,735,607
DFA Emerging Markets Small Cap	313,382	6,320,980	5,813,231
DFA International Small Cap VA	326,382	6,233,348	6,215,388
DFA US Small Cap Value Portfolio	162,185	5,561,741	6,064,079
Schwab Fundamental US Large Co	1,329,091	20,204,881	20,242,051
WisdomTree Dynamic Currency Hedged Equity Fund	695,685	17,962,372	18,407,143
Total mutual/exchange traded funds		108,438,772	107,847,799
Alternative investments:			
LGIMA Long Duration US Credit Fund, LLC	43,270,000	43,270,000	43,487,259
Clifton Equal Sector Commodity Strategy Fund, LLC	766,934	5,867,997	5,516,698
RWC Frontier Markets Equity Fund Ltd.	64,687	6,269,000	6,288,423
Harvest MLP Income Fund, LP	10,553,000	10,553,000	9,980,151
Hitchwood Capital Fund Ltd.	3,708	3,809,214	3,618,656
Tybourne Long Opportunities (Offshore) Fund	5,841	5,841,000	6,204,500
AQR Style Premia Offshore Fund Ltd.	5,426	5,604,000	5,957,263
ESG Domestic Opportunity Offshore Fund Ltd.	3,929	3,929,000	3,500,426
Lee Fund Ltd.	58,290	5,829,000	6,368,155
Tensile Capital Partners Offshore Tensile, LP	3,510	3,510,240	3,887,569
Kepos Exotic Beta Fund Ltd.	6,019	6,000,000	5,819,190
FEG Absolute Access TEI Fund, LLC	10,000	11,740,533	11,725,676
Tensile Capital Partners Offshore Class PAS	248	247,899	247,900
JHL Capital Group Fund Ltd.	4,367	4,237,000	3,706,751
Total alternative investments		116,707,883	116,308,617
Total investments		\$ 228,693,646	\$ 227,712,376

UC Health Retirement Plan

EIN 31-1435820 Plan #006

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2016

Identity of Party	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category 1 – Individual transactions in excess of 5% of plan assets							
	Interest Bearing Cash:						
State Street	SSGA Funds	\$ 14,345,950	\$ –	\$ –	\$ –	\$ 14,345,950	\$ –
State Street	SSGA Funds	–	15,052,569	–	15,052,569	15,052,569	–
State Street	SS Inst Treas Plus MM Fund TPL	25,000,000	–	–	–	25,000,000	–
State Street	SS Inst Treas Plus MM Fund TPL	24,000,000	–	–	–	24,000,000	–
State Street	SS Inst Treas Plus MM Fund TPL	–	27,821,780	–	27,821,780	27,821,780	–
State Street	SS Inst Treas Plus MM Fund TPL	–	19,590,052	–	19,590,052	19,590,052	–
State Street	SS Inst Treas Plus MM Fund TPL	–	11,500,000	–	11,500,000	11,500,000	–
State Street	SS Inst Treas Plus MM Fund TPL	24,934,307	–	–	–	24,934,307	–
State Street	SS Inst Treas Plus MM Fund TPL	–	24,000,000	–	24,000,000	24,000,000	–
	Registered investment company:						
State Street	LGIMA Long Duration US Credit Fund, LLC	11,500,000	–	–	–	11,500,000	–
State Street	WisdomTree Dynamic Currency Hedged Equity Fund	14,129,183	–	2,754	–	14,129,183	–
State Street	WisdomTree International Hedge	–	14,219,768	2,710	14,071,279	14,219,768	148,490
State Street	Doubleline Total Return Bond Fund	10,896,810	–	–	–	10,896,810	–
	Reportable transaction totals	<u>\$ 124,806,250</u>	<u>\$ 112,184,169</u>	<u>\$ 5,464</u>	<u>\$ 112,035,680</u>	<u>\$ 236,990,419</u>	<u>\$ 148,490</u>

UC Health Retirement Plan

EIN 31-1435820 Plan #006

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

Identity of Party	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category 3 – Series of transactions in excess of 5% of plan assets							
	Cash equivalents:						
State Street	Government STIF 18	\$ 4,422,590	\$ 8,176,036	\$ –	\$ 8,176,036	\$ 12,598,626	\$ –
State Street	SSGA Funds	40,143,067	40,923,864	–	40,923,864	81,066,932	–
State Street	SS Inst Treas Plus MM Fund TPL	97,965,695	94,410,463	–	94,410,463	192,376,157	–
	Registered investment company:						
State Street	LGIMA Long Duration US Credit Fund, LLC	12,270,000	–	–	–	12,270,000	–
State Street	WisdomTree Dynamic Currency Hedged Equity Fund	18,594,722	637,817	–	632,350	19,232,539	5,467
State Street	WisdomTree International Hedge	8,163,728	14,540,683	–	14,397,809	22,704,411	142,874
State Street	Doubleline Total Return Bond Fund	17,193,791	12,583,430	–	12,812,696	29,777,221	(229,266)
State Street	Schwab Fundamental US Large Co	7,212,238	4,041,660	–	3,969,951	11,253,898	71,709
	Reportable transaction totals	<u>\$205,965,831</u>	<u>\$175,313,953</u>	<u>\$ –</u>	<u>\$175,323,169</u>	<u>\$381,279,784</u>	<u>\$ (9,216)</u>

There were no category 2 or 4 reportable transactions during 2016.

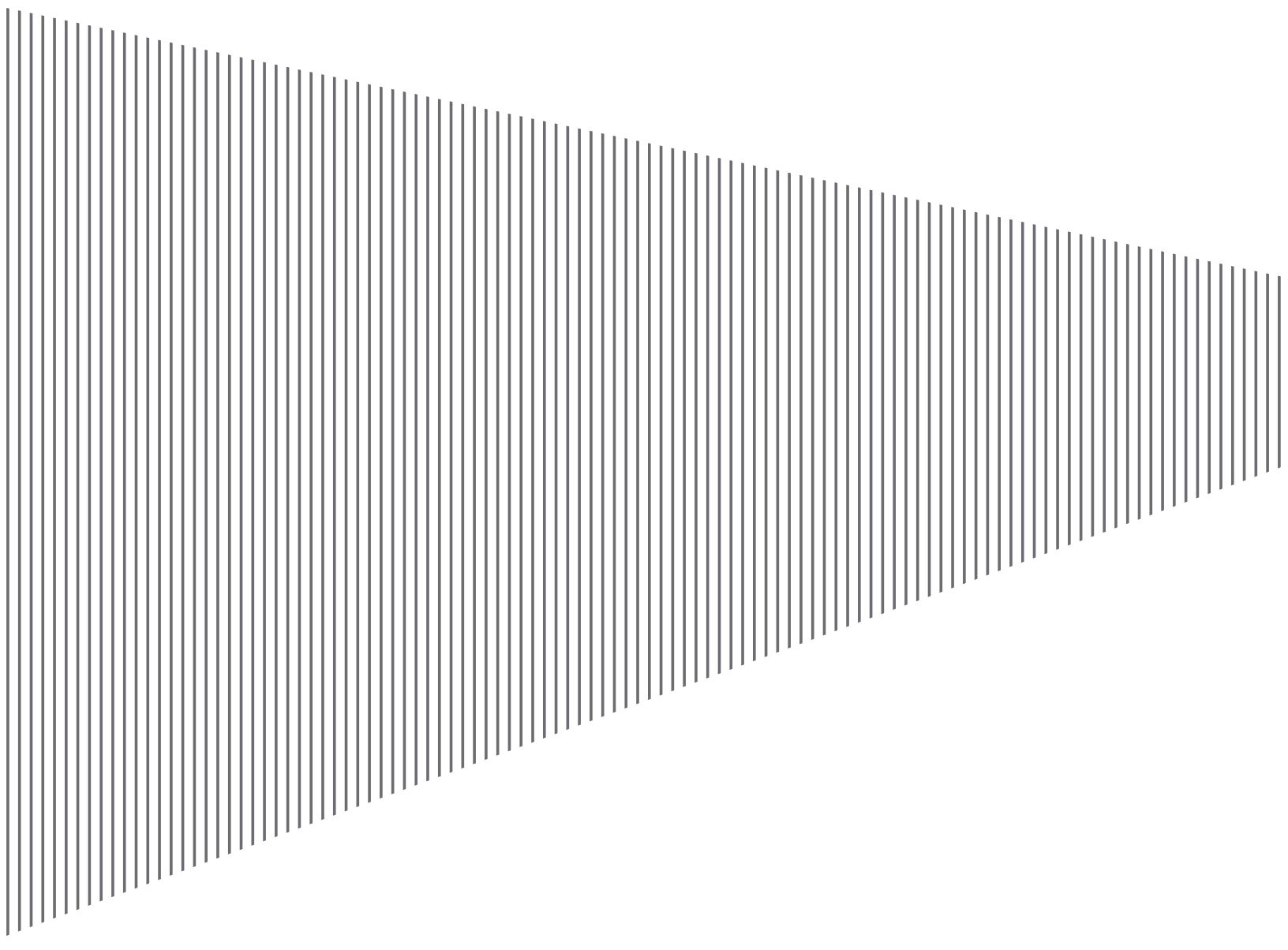
About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. For more information about our organization, please visit ey.com.

© 2017 Ernst & Young LLP.
All Rights Reserved.

ey.com



Plan Name	UC Health Retirement Plan
Plan Sponsor EIN	31-1435820
ERISA Plan #	006
Plan Year Ending	December 31, 2016

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	UC Health Retirement Plan
Plan Sponsor EIN	31-1435820
ERISA Plan #	006
Plan Year Ending	December 31, 2016

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	UC Health Retirement Plan
Plan Sponsor EIN	31-1435820
ERISA Plan #	006
Plan Year Ending	December 31, 2016

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
---	--	---

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan UC Health Retirement Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">B Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">006</td> </tr> </table>	B Three-digit plan number (PN) ►	006
B Three-digit plan number (PN) ►	006		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UC Health, LLC	D Employer Identification Number (EIN) 31-1435820		

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
---	---

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>		
2	Assets:		
	a Market value.....	2a	228,946,360
	b Actuarial value	2b	246,243,633
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,401	86,172,250
	b For terminated vested participants	1,493	47,878,263
	c For active participants	4,120	89,834,589
	d Total	7,014	223,885,102
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.20%
6	Target normal cost	6	2,518,702

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

SIGN HERE	Blake A. Baietto <i>BAB</i> Signature of actuary Blake A. Baietto Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1500 Cleveland OH 44114-1172 Address of the firm	<i>10/04/17</i> Date 1706524 Most recent enrollment number 216-937-4000 Telephone number (including area code)
------------------	--	--

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	809,083	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	809,083	0
10	Interest on line 9 using prior year's actual return of <u>-4.13%</u>	-33,415	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		43,217,029
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.41%</u>		2,770,212
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		45,987,241
	d Portion of (c) to be added to prefunding balance.....		15,696,693
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	775,668	15,696,693

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	101.15%
15	Adjusted funding target attainment percentage.....	15	108.40%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	97.69%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/15/2017	5,000,000	0			
Totals ▶			18(b)	5,000,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	4,512,458

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	2,518,702	
b Excess assets, if applicable, but not greater than line 31a	31b	2,518,702	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4,512,458	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4,512,458	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected ☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2016

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age from the life table.

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	5.00%	3.87%	2.3213
61	5.00%	3.68%	2.2420
62	20.00%	13.97%	8.6594
63	20.00%	11.17%	7.0392
64	20.00%	8.94%	5.7208
65	40.00%	14.30%	9.2963
66	30.00%	6.44%	4.2477
67	30.00%	4.51%	3.0184
68	30.00%	3.15%	2.1444
69	30.00%	2.21%	1.5232
70	100.00%	5.15%	3.6056

Retirement Age====>

63

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 24 Changes in non-prescribed actuarial assumptions as of January 1, 2016

The Plan was amended to include a lump sum optional form of payment if the value is less than or equal to \$100,000. It was assumed that 90% of current employees who are eligible to receive a lump sum payment will elect the lump sum upon termination.

The marriage assumption was updated from 80% of eligible participants assumed to be married to 75% of eligible male participants and 65% of eligible female participants assumed to be married to reflect the most recent U.S. census data available.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2016

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	1		69		1		0		0		0		0		0		0		0	
25 - 29	3		374		101		2		0		0		0		0		0		0	
30 - 34	0		263		225		62		2		0		0		0		0		0	
35 - 39	0		203		165		94		28		1		0		0		0		0	
40 - 44	0		148		140		90		59		6		0		0		0		0	
45 - 49	2		161		132		86		95		22		10		0		0		0	
50 - 54	0		136		152		82		134		26		15		6		4		0	
55 - 59	0		136		129		90		131		18		16		8		10		1	
60 - 64	0		66		85		46		114		17		14		10		14		7	
65 - 69	0		13		26		17		26		6		1		0		0		1	
70 & Over	0		5		2		6		4		0		0		0		1		0	

Plan Name: UC Health Retirement Plan
 EIN / PN: 31-1435820 / 006
 Plan Sponsor: UC Health, LLC
 Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

UC Health, LLC

EIN/PN

31-1435820/006

Discount Rates

Current plan year PPA effective interest rate: 6.20%

Prior plan year PPA effective interest rate: 6.41%

3-Segment Rates

Applicable month: September 2015

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.43%	1.34%
■ Second segment rate	5.91%	4.03%
■ Third segment rate	6.65%	5.06%
■ Effective interest rate	6.20%	4.50%

Assumed Cost of Living Adjustments

0.00%

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Inclusion Date

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

Plan-related Expenses

The amount included this year for estimated plan-related expenses is \$2,490,000.

Mortality

For all participants: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the funding target and target normal cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Percentage retiring during the year
55-61	5%
62-64	20%
65	40%
66-69	30%
70	100%

Disability Rates (per 100 employees)

These rates apply to grandfathered Fort Hamilton participants only. Sample rates at which participants become disabled by age and gender are shown below.

Percentage becoming disabled during the year		
Age	Males	Females
30	0.1%	0.2%
45	0.2%	0.3%
65	1.4%	2.1%

Compensation Increases

For purposes of determining the target normal cost and the additional funding target for maximum recommended contribution purposes, compensation is assumed to increase 4% per annum.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Future Increases in Social Security

For purposes of determining target normal cost and the additional funding target for maximum recommended contribution purposes, the National Average Wage Index is assumed to increase by 3.500% per annum.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality

Select rates of withdrawal are 20% for each of the first five years. Ultimate rates are shown below.

Attained Age	Percentage leaving during the year	
	Males	Females
25	15%	15%
30	11%	11%
35	8%	8%
40	8%	8%
45	7%	7%
50	5%	5%
55	5%	5%
60	5%	5%

Form of Payment

For valuation purposes, deferred vested participants are assumed to elect the straight life annuity. For active participants, 90% of participants who are eligible for a lump sum are assumed to elect lump sum benefits. The remaining 10% elect the straight life annuity.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 75% of eligible male participants and 65% of eligible female participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Employees

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

Plan Compensation

Compensation assumed paid in the year beginning on the valuation date is the January 15th hourly rate of pay times 2,080 hours for all participants with the following exceptions:

- For Fort Hamilton and Jewish Hospital grandfathered participants, prior year W-2 including pre-tax deferrals, increased with one year's salary scale.
- For St. Luke Hospital grandfathered participants, January 1 hourly rate of pay times 2,080 hours times FTE percentage for all associates except those associates classified as intermittent or PRN. For intermittent or PRN associates, compensation is defined as prior year W-2, including pre-tax deferrals, increased with one year's salary scale.

Asset Method

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.50% during 2014 and 7.25% during 2015 (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant Data

Associate data was supplied on an electronic file as of the census date by UC Health. Changes in inactive participant data were also supplied electronically by UC Health. Retiree and lump sum data was provided by State Street.

Benefits not Included in Valuation

All benefits described in the Schedule SB, Part V – Summary of Principal Plan Provisions attachment were valued with the exception of the actuarially increased normal retirement benefit in the case of postponed retirement.

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Significant Events Since Last Actuarial Valuation

Deferred vested participants who had a benefit with a lump sum value under \$150,000 were offered a lump sum for a window period with payments on June 26, 2015.

A lump sum optional form of payment was added starting July 1, 2015 if the value is less than or equal to \$100,000.

AFSCME benefit accruals were frozen on December 31, 2015.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Rates of increase in compensation	Assumed increases were chosen by the plan sponsor and, as required by IRC §430, they represent an estimate of future experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on plan sponsor expectations for plan participants with the periodic monitoring of observed gains and losses caused by termination patterns different than assumed.
Retirement	Retirement rates are based on plan sponsor expectations for plan participants with the periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Benefit commencement date for deferred benefits	Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals at retirement age.
Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals at retirement age.

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions since prior valuation

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

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

The Plan was amended to include a lump sum optional form of payment if the value is less than or equal to \$100,000. It was assumed that 90% of current employees who are eligible to receive a lump sum payment will elect the lump sum upon termination.

The marriage assumption was updated from 80% of eligible participants assumed to be married to 75% of eligible male participants and 65% of eligible female participants assumed to be married to reflect the most recent U.S. census data available.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

UC Health, LLC

Plan

UC Health Retirement Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1999. The last provision change reflected herein was effective December 31, 2015 and resulted in a freeze of all AFSCME benefit accruals.

Plan Year

The twelve-month period ending December 31st.

Coverage and Participation

An employee who was a member of one of the prior plans on the effective date becomes a participant of this Plan on that date. All other associates of UC Health who complete one year of service and attain age 21 shall be eligible for entry on the Participation Date following completion of the age and service requirements with the exception of interns, residents, fellows, student nurses, associates covered by the IUOE multi-employer plan, PERS or City of Cincinnati retirement plan and associates of for-profit subsidiaries. Effective June 30, 2003, Alliance Primary Care associates are no longer eligible to participate in the plan. Effective March 22, 2008, current and former associates of Christ Hospital were spun-off into a Christ Hospital sponsored retirement plan. Effective December 13, 2008, current and former associates of St. Luke Hospitals were spun-off into a St. Luke Hospitals sponsored retirement plan. Effective March 1, 2010, current and former associates of The Jewish Hospital were spun-off into the JHSI, Inc. Retirement Plan.

Credited Service

One year of service is credited for each calendar year in which an associate has completed at least 1,800 hours of service. Service is pro-rated for years in which at least 1,000 hours are completed. In an associate's year of hire, termination or retirement, credited service is pro-rated for less than 1,000 hours.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Vesting Service

One year of vesting service is earned for each calendar year in which an associate completes 1,000 hours of service.

Final Average Compensation/Salary

Monthly average of the highest five calendar years of compensation during the ten year period ending on the earliest of termination, early retirement or normal retirement dates.

Normal Retirement Benefit

Normal Retirement Date: Eligible on the first of the month coincident with or next following age 65.

Benefit Formula: The benefit payable at normal retirement is equal to the accrued benefit at the earlier of the participants' date of termination or retirement.

Normal Form of Benefit: The normal form of payment for a single participant is a life annuity. The normal form of payment for married participants is an actuarially reduced 50% Joint and Survivor annuity.

Late Retirement

The monthly benefit is equal to the greater of the Normal Retirement Benefit based on Credited Service and Final Average Compensation at actual retirement date or the actuarial equivalent of the benefit that would have been paid on Normal Retirement Date increased to the actual retirement date.

Accrued Benefits

The accrued benefit for all associates is the sum of 1% of Final Average Compensation and 0.35% of Final Average Compensation in excess of Covered Compensation multiplied by years of Credited Service up to 30 years.

Effective June 30, 2003, the benefit accruals for APC physicians and office staff were frozen. Non-union and ONA benefit accruals were frozen on December 31, 2014. AFSCME accruals were frozen December 31, 2015.

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Eligible on the first of month coincident with or next following age 55 and five years of Vesting Service.

Benefit: The monthly benefit payable is the accrued Normal Retirement Benefit based on Credited Service and Final Average Compensation at early retirement, reduced to allow for early commencement. The amount of reduction is 5/9 of 1% per year between ages 60 and 65, plus 5/18 of 1% per year between ages 55 and 60.

Disability Benefit

Eligibility: For the Fort Hamilton participants who are eligible for Social Security Disability Benefits.

Benefit Before Normal Retirement: Participants eligible for disability continue to accrue benefits assuming compensation prior to disability had continued and 416 hours per calendar year are earned.

Benefit After Normal Retirement: Participants are assumed to commence benefits upon reaching normal retirement age.

Waiting Period: N/A

Death of Disabled Participant Prior to Normal Retirement: For any participant who dies with a surviving spouse, the surviving spouse will be entitled to a retirement survivor annuity.

Vested Benefits Upon Termination of Service

Vesting: Eligible if terminate with at least 5 years of Vesting Service or after age 65.

Termination Benefit: Normal retirement benefit based on Credited Service and Final Average Compensation as of date of termination.

Death Benefits for Participants in Active Service

Eligibility: Spouses of active participants who have completed five years of Vesting Service.

Benefit: The benefit payable to the surviving spouse, commencing on the earliest date the associate could have retired, is equal to 50% of the accrued normal retirement benefit which would have been payable to the participant had he terminated on the day of his death and elected a 50% Joint and Survivor annuity.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

Optional forms of benefit are:

- (i) An actuarially equivalent benefit of 100%, 75%, 66 2/3%, or 50% Joint and Contingent annuity.
- (ii) An actuarially equivalent benefit of five, ten, fifteen, or twenty years certain and continuous annuity.
- (iii) An actuarially equivalent benefit of ten, fifteen or twenty years certain.
- (iv) A life annuity for married participants.

Pension Increases

There are no cost of living adjustments made to retiree benefits.

Plan Participants' Contributions

Plan participant contributions are neither expected nor allowed.

Changes in Plan Provisions since Last Actuarial Valuation

Deferred vested participants who had a benefit with a lump sum value under \$150,000 were offered a lump sum for a window period with payments on June 26, 2015.

A lump sum optional form of payment was added starting July 1, 2015 if the value is less than or equal to \$100,000.

AFSCME benefit accruals were frozen on December 31, 2015.

Predecessor Plan Participants

Plan provisions are the same as those for the UC Health plan unless noted below.

Christ Hospital

- All participants in The Elizabeth Gamble Deaconess Home Association Pension Plan as of December 31, 1998 were grandfathered in the provisions of that plan.
- Those provisions are essentially the same as the provisions of the UC Health plan except full-time and part-time associates (those expected to work at least 1000 hours) participated on their dates of hire.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Fort Hamilton Hospital

- All participants in The Fort Hamilton-Hughes Healthcare Corporation Retirement Plan as of December 31, 1998 were grandfathered in the provisions of that plan.
- Compensation is defined as W-2 earnings plus pre-tax deferrals.
- Final average compensation is the average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless it is a full 12-month period.
- Vesting service is completed years of employment.
- Credited service is full calendar years during which a participant is credited with at least 416 hours. Pro-rata service is granted during year of participation or year of termination.
- Normal retirement benefit is equal to 1% of Final Average Compensation times years of Credited Service offset for benefits annuitized under prior plans.
- Optional forms of payment – The normal form of payment for married participants is a 66 2/3% joint and survivor with 10-year certain annuity. In addition to the optional forms of payment in the UC Health plan, grandfathered Fort Hamilton participants can also elect a full cash refund form of payment.
- Pre-retirement Death Benefit – For married participants, based on the normal form of benefit.
- Disability Benefit – Participants who are eligible for Social Security disability benefits continue to accrue benefits assuming compensation prior to disability had continued and 416 hours per calendar year are earned.

Jewish Hospital

- All participants in The Jewish Hospital of Cincinnati, Inc. Retirement Plan as of December 31, 1998 were grandfathered in the provisions of that plan.
- Compensation is defined as W-2 earnings plus pre-tax deferrals.
- Final average compensation is the average of the highest five calendar years of employment disregarding the final year of employment unless 1,000 hours were completed.
- Covered Compensation is the average of the Social Security Taxable Wage Bases for the 35-year period ending in the year in which the associate turns age 64.
- Credited service is calendar years during which 1,000 hours of service were completed.
- Normal retirement benefit is equal to 0.8% of Final Average Compensation plus 0.7% of Final Average Compensation in excess of Covered Compensation, the sum times years of Credited Service. There is a minimum monthly benefit of \$50 times years of Credited Service to a maximum of 10 years.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

St. Luke Hospitals

- All participants in The Retirement Plan for Employees of St. Luke Hospitals, Inc. as of December 31, 1998 were grandfathered in the provisions of that plan.
- Compensation is defined as monthly rate of pay on the first day of the calendar year.
- Final average compensation is the average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless 1,000 hours were completed or the associate has reached normal retirement age.
- Credited service is calendar years during which 1,000 hours of service were completed.
- Normal retirement benefit is equal to 0.9% of Final Average Compensation times Credited Service plus 0.6% of Final Average Compensation in excess of Covered Compensation, times years of Credited Service up to a maximum of 35 years.

University Hospital

- All participants in The University Hospital, Inc. Pension Plan as of December 31, 1998 were grandfathered in the provisions of that plan.
- All associates actively in service at UHI on January 1, 1997 became participants in the plan on that date except for those associates who elected to remain active participants in PERS or those who participate in either the multi-employer plan for IUOE associates or the City of Cincinnati Retirement plan.
- Those provisions are essentially the same as the provisions of the UC Health plan except full-time and part-time associates (those expected to work at least 1000 hours) participated on their dates of hire.
- In addition, associates of UHI who entered the plan on January 1, 1997 with less than five years of employment received credited service for their years of service with UHI prior to January 1, 1997.

Significant Events

To the best of our knowledge, no significant events occurred during the year.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	UC Health, LLC
EIN/PN	31-1435820/006
Plan Name	UC Health Retirement Plan
Valuation Date	January 1, 2016
Enrolled Actuary	Blake A. Baietto, FSA, EA
Enrollment Number	17-06524

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

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

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	UC Health, LLC
EIN/PN	31-1435820/006
Plan Name	UC Health Retirement Plan
Valuation Date	January 1, 2016
Enrolled Actuary	Blake A. Baietto, FSA, EA
Enrollment Number	17-06524

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

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

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2016

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age from the life table.

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	5.00%	3.87%	2.3213
61	5.00%	3.68%	2.2420
62	20.00%	13.97%	8.6594
63	20.00%	11.17%	7.0392
64	20.00%	8.94%	5.7208
65	40.00%	14.30%	9.2963
66	30.00%	6.44%	4.2477
67	30.00%	4.51%	3.0184
68	30.00%	3.15%	2.1444
69	30.00%	2.21%	1.5232
70	100.00%	5.15%	3.6056

Retirement Age====>

63

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods

Plan Sponsor

UC Health, LLC

EIN/PN

31-1435820/006

Discount Rates

Current plan year PPA effective interest rate: 6.20%

Prior plan year PPA effective interest rate: 6.41%

3-Segment Rates

Applicable month: September 2015

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.43%	1.34%
■ Second segment rate	5.91%	4.03%
■ Third segment rate	6.65%	5.06%
■ Effective interest rate	6.20%	4.50%

Assumed Cost of Living Adjustments

0.00%

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Inclusion Date

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

Plan-related Expenses

The amount included this year for estimated plan-related expenses is \$2,490,000.

Mortality

For all participants: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the funding target and target normal cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Percentage retiring during the year
55-61	5%
62-64	20%
65	40%
66-69	30%
70	100%

Disability Rates (per 100 employees)

These rates apply to grandfathered Fort Hamilton participants only. Sample rates at which participants become disabled by age and gender are shown below.

Percentage becoming disabled during the year		
Age	Males	Females
30	0.1%	0.2%
45	0.2%	0.3%
65	1.4%	2.1%

Compensation Increases

For purposes of determining the target normal cost and the additional funding target for maximum recommended contribution purposes, compensation is assumed to increase 4% per annum.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Future Increases in Social Security

For purposes of determining target normal cost and the additional funding target for maximum recommended contribution purposes, the National Average Wage Index is assumed to increase by 3.500% per annum.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality

Select rates of withdrawal are 20% for each of the first five years. Ultimate rates are shown below.

Attained Age	Percentage leaving during the year	
	Males	Females
25	15%	15%
30	11%	11%
35	8%	8%
40	8%	8%
45	7%	7%
50	5%	5%
55	5%	5%
60	5%	5%

Form of Payment

For valuation purposes, deferred vested participants are assumed to elect the straight life annuity. For active participants, 90% of participants who are eligible for a lump sum are assumed to elect lump sum benefits. The remaining 10% elect the straight life annuity.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 75% of eligible male participants and 65% of eligible female participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Employees

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

Plan Compensation

Compensation assumed paid in the year beginning on the valuation date is the January 15th hourly rate of pay times 2,080 hours for all participants with the following exceptions:

- For Fort Hamilton and Jewish Hospital grandfathered participants, prior year W-2 including pre-tax deferrals, increased with one year's salary scale.
- For St. Luke Hospital grandfathered participants, January 1 hourly rate of pay times 2,080 hours times FTE percentage for all associates except those associates classified as intermittent or PRN. For intermittent or PRN associates, compensation is defined as prior year W-2, including pre-tax deferrals, increased with one year's salary scale.

Asset Method

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.50% during 2014 and 7.25% during 2015 (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Participant Data

Associate data was supplied on an electronic file as of the census date by UC Health. Changes in inactive participant data were also supplied electronically by UC Health. Retiree and lump sum data was provided by State Street.

Benefits not Included in Valuation

All benefits described in the Schedule SB, Part V – Summary of Principal Plan Provisions attachment were valued with the exception of the actuarially increased normal retirement benefit in the case of postponed retirement.

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Significant Events Since Last Actuarial Valuation

Deferred vested participants who had a benefit with a lump sum value under \$150,000 were offered a lump sum for a window period with payments on June 26, 2015.

A lump sum optional form of payment was added starting July 1, 2015 if the value is less than or equal to \$100,000.

AFSCME benefit accruals were frozen on December 31, 2015.

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Rates of increase in compensation	Assumed increases were chosen by the plan sponsor and, as required by IRC §430, they represent an estimate of future experience.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Disabled Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on plan sponsor expectations for plan participants with the periodic monitoring of observed gains and losses caused by termination patterns different than assumed.
Retirement	Retirement rates are based on plan sponsor expectations for plan participants with the periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Benefit commencement date for deferred benefits	Deferred vested participants are assumed to begin benefits at age 65 (or current age if later) because the plan's experience is not considered to be credible, but deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
Percent married	The assumed percentage married is based on general population statistics on the marital status of individuals at retirement age.
Spouse age	The assumed age difference for spouses is based on general population statistics of the age difference for married individuals at retirement age.

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Change in assumptions since prior valuation

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

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

The Plan was amended to include a lump sum optional form of payment if the value is less than or equal to \$100,000. It was assumed that 90% of current employees who are eligible to receive a lump sum payment will elect the lump sum upon termination.

The marriage assumption was updated from 80% of eligible participants assumed to be married to 75% of eligible male participants and 65% of eligible female participants assumed to be married to reflect the most recent U.S. census data available.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

UC Health, LLC

Plan

UC Health Retirement Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1999. The last provision change reflected herein was effective December 31, 2015 and resulted in a freeze of all AFSCME benefit accruals.

Plan Year

The twelve-month period ending December 31st.

Coverage and Participation

An employee who was a member of one of the prior plans on the effective date becomes a participant of this Plan on that date. All other associates of UC Health who complete one year of service and attain age 21 shall be eligible for entry on the Participation Date following completion of the age and service requirements with the exception of interns, residents, fellows, student nurses, associates covered by the IUOE multi-employer plan, PERS or City of Cincinnati retirement plan and associates of for-profit subsidiaries. Effective June 30, 2003, Alliance Primary Care associates are no longer eligible to participate in the plan. Effective March 22, 2008, current and former associates of Christ Hospital were spun-off into a Christ Hospital sponsored retirement plan. Effective December 13, 2008, current and former associates of St. Luke Hospitals were spun-off into a St. Luke Hospitals sponsored retirement plan. Effective March 1, 2010, current and former associates of The Jewish Hospital were spun-off into the JHSI, Inc. Retirement Plan.

Credited Service

One year of service is credited for each calendar year in which an associate has completed at least 1,800 hours of service. Service is pro-rated for years in which at least 1,000 hours are completed. In an associate's year of hire, termination or retirement, credited service is pro-rated for less than 1,000 hours.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Vesting Service

One year of vesting service is earned for each calendar year in which an associate completes 1,000 hours of service.

Final Average Compensation/Salary

Monthly average of the highest five calendar years of compensation during the ten year period ending on the earliest of termination, early retirement or normal retirement dates.

Normal Retirement Benefit

Normal Retirement Date: Eligible on the first of the month coincident with or next following age 65.

Benefit Formula: The benefit payable at normal retirement is equal to the accrued benefit at the earlier of the participants' date of termination or retirement.

Normal Form of Benefit: The normal form of payment for a single participant is a life annuity. The normal form of payment for married participants is an actuarially reduced 50% Joint and Survivor annuity.

Late Retirement

The monthly benefit is equal to the greater of the Normal Retirement Benefit based on Credited Service and Final Average Compensation at actual retirement date or the actuarial equivalent of the benefit that would have been paid on Normal Retirement Date increased to the actual retirement date.

Accrued Benefits

The accrued benefit for all associates is the sum of 1% of Final Average Compensation and 0.35% of Final Average Compensation in excess of Covered Compensation multiplied by years of Credited Service up to 30 years.

Effective June 30, 2003, the benefit accruals for APC physicians and office staff were frozen. Non-union and ONA benefit accruals were frozen on December 31, 2014. AFSCME accruals were frozen December 31, 2015.

Plan Name:	UC Health Retirement Plan
EIN / PN:	31-1435820 / 006
Plan Sponsor:	UC Health, LLC
Valuation Date:	January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Eligible on the first of month coincident with or next following age 55 and five years of Vesting Service.

Benefit: The monthly benefit payable is the accrued Normal Retirement Benefit based on Credited Service and Final Average Compensation at early retirement, reduced to allow for early commencement. The amount of reduction is 5/9 of 1% per year between ages 60 and 65, plus 5/18 of 1% per year between ages 55 and 60.

Disability Benefit

Eligibility: For the Fort Hamilton participants who are eligible for Social Security Disability Benefits.

Benefit Before Normal Retirement: Participants eligible for disability continue to accrue benefits assuming compensation prior to disability had continued and 416 hours per calendar year are earned.

Benefit After Normal Retirement: Participants are assumed to commence benefits upon reaching normal retirement age.

Waiting Period: N/A

Death of Disabled Participant Prior to Normal Retirement: For any participant who dies with a surviving spouse, the surviving spouse will be entitled to a retirement survivor annuity.

Vested Benefits Upon Termination of Service

Vesting: Eligible if terminate with at least 5 years of Vesting Service or after age 65.

Termination Benefit: Normal retirement benefit based on Credited Service and Final Average Compensation as of date of termination.

Death Benefits for Participants in Active Service

Eligibility: Spouses of active participants who have completed five years of Vesting Service.

Benefit: The benefit payable to the surviving spouse, commencing on the earliest date the associate could have retired, is equal to 50% of the accrued normal retirement benefit which would have been payable to the participant had he terminated on the day of his death and elected a 50% Joint and Survivor annuity.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

Optional forms of benefit are:

- (i) An actuarially equivalent benefit of 100%, 75%, 66 2/3%, or 50% Joint and Contingent annuity.
- (ii) An actuarially equivalent benefit of five, ten, fifteen, or twenty years certain and continuous annuity.
- (iii) An actuarially equivalent benefit of ten, fifteen or twenty years certain.
- (iv) A life annuity for married participants.

Pension Increases

There are no cost of living adjustments made to retiree benefits.

Plan Participants' Contributions

Plan participant contributions are neither expected nor allowed.

Changes in Plan Provisions since Last Actuarial Valuation

Deferred vested participants who had a benefit with a lump sum value under \$150,000 were offered a lump sum for a window period with payments on June 26, 2015.

A lump sum optional form of payment was added starting July 1, 2015 if the value is less than or equal to \$100,000.

AFSCME benefit accruals were frozen on December 31, 2015.

Predecessor Plan Participants

Plan provisions are the same as those for the UC Health plan unless noted below.

Christ Hospital

- All participants in The Elizabeth Gamble Deaconess Home Association Pension Plan as of December 31, 1998 were grandfathered in the provisions of that plan.
- Those provisions are essentially the same as the provisions of the UC Health plan except full-time and part-time associates (those expected to work at least 1000 hours) participated on their dates of hire.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Fort Hamilton Hospital

- All participants in The Fort Hamilton-Hughes Healthcare Corporation Retirement Plan as of December 31, 1998 were grandfathered in the provisions of that plan.
- Compensation is defined as W-2 earnings plus pre-tax deferrals.
- Final average compensation is the average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless it is a full 12-month period.
- Vesting service is completed years of employment.
- Credited service is full calendar years during which a participant is credited with at least 416 hours. Pro-rata service is granted during year of participation or year of termination.
- Normal retirement benefit is equal to 1% of Final Average Compensation times years of Credited Service offset for benefits annuitized under prior plans.
- Optional forms of payment – The normal form of payment for married participants is a 66 2/3% joint and survivor with 10-year certain annuity. In addition to the optional forms of payment in the UC Health plan, grandfathered Fort Hamilton participants can also elect a full cash refund form of payment.
- Pre-retirement Death Benefit – For married participants, based on the normal form of benefit.
- Disability Benefit – Participants who are eligible for Social Security disability benefits continue to accrue benefits assuming compensation prior to disability had continued and 416 hours per calendar year are earned.

Jewish Hospital

- All participants in The Jewish Hospital of Cincinnati, Inc. Retirement Plan as of December 31, 1998 were grandfathered in the provisions of that plan.
- Compensation is defined as W-2 earnings plus pre-tax deferrals.
- Final average compensation is the average of the highest five calendar years of employment disregarding the final year of employment unless 1,000 hours were completed.
- Covered Compensation is the average of the Social Security Taxable Wage Bases for the 35-year period ending in the year in which the associate turns age 64.
- Credited service is calendar years during which 1,000 hours of service were completed.
- Normal retirement benefit is equal to 0.8% of Final Average Compensation plus 0.7% of Final Average Compensation in excess of Covered Compensation, the sum times years of Credited Service. There is a minimum monthly benefit of \$50 times years of Credited Service to a maximum of 10 years.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

St. Luke Hospitals

- All participants in The Retirement Plan for Employees of St. Luke Hospitals, Inc. as of December 31, 1998 were grandfathered in the provisions of that plan.
- Compensation is defined as monthly rate of pay on the first day of the calendar year.
- Final average compensation is the average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless 1,000 hours were completed or the associate has reached normal retirement age.
- Credited service is calendar years during which 1,000 hours of service were completed.
- Normal retirement benefit is equal to 0.9% of Final Average Compensation times Credited Service plus 0.6% of Final Average Compensation in excess of Covered Compensation, times years of Credited Service up to a maximum of 35 years.

University Hospital

- All participants in The University Hospital, Inc. Pension Plan as of December 31, 1998 were grandfathered in the provisions of that plan.
- All associates actively in service at UHI on January 1, 1997 became participants in the plan on that date except for those associates who elected to remain active participants in PERS or those who participate in either the multi-employer plan for IUOE associates or the City of Cincinnati Retirement plan.
- Those provisions are essentially the same as the provisions of the UC Health plan except full-time and part-time associates (those expected to work at least 1000 hours) participated on their dates of hire.
- In addition, associates of UHI who entered the plan on January 1, 1997 with less than five years of employment received credited service for their years of service with UHI prior to January 1, 1997.

Significant Events

To the best of our knowledge, no significant events occurred during the year.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 24
Changes in non-prescribed actuarial assumptions
as of January 1, 2016

The Plan was amended to include a lump sum optional form of payment if the value is less than or equal to \$100,000. It was assumed that 90% of current employees who are eligible to receive a lump sum payment will elect the lump sum upon termination.

The marriage assumption was updated from 80% of eligible participants assumed to be married to 75% of eligible male participants and 65% of eligible female participants assumed to be married to reflect the most recent U.S. census data available.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820 / 006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2016

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	1		69		1		0		0		0		0		0		0		0	
25 - 29	3		374		101		2		0		0		0		0		0		0	
30 - 34	0		263		225		62		2		0		0		0		0		0	
35 - 39	0		203		165		94		28		1		0		0		0		0	
40 - 44	0		148		140		90		59		6		0		0		0		0	
45 - 49	2		161		132		86		95		22		10		0		0		0	
50 - 54	0		136		152		82		134		26		15		6		4		0	
55 - 59	0		136		129		90		131		18		16		8		10		1	
60 - 64	0		66		85		46		114		17		14		10		14		7	
65 - 69	0		13		26		17		26		6		1		0		0		1	
70 & Over	0		5		2		6		4		0		0		0		1		0	

Plan Name: UC Health Retirement Plan
 EIN / PN: 31-1435820 / 006
 Plan Sponsor: UC Health, LLC
 Valuation Date: January 1, 2016

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information			
For calendar plan year 2016 or fiscal plan year beginning		01/01/2016	and ending
		12/31/2016	
A	This return/report is for:	☐ a multiemployer plan ☒ a single-employer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____
B	This return/report is:	☐ the first return/report ☐ an amended return/report	☐ the final return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☒		
D	Check box if filing under:	☒ Form 5558 ☐ special extension (enter description)	☐ automatic extension ☐ the DFVC program

Part II Basic Plan Information—enter all requested information			
1a	Name of plan UC Health Retirement Plan	1b	Three-digit plan number (PN) ▶ 006
		1c	Effective date of plan 01/01/1999
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UC Health, LLC 3200 Burnet Avenue Cincinnati OH 45229	2b	Employer Identification Number (EIN) 31-1435820
		2c	Plan Sponsor's telephone number (513) 585-6000
		2d	Business code (see instructions) 622000

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

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

SIGN HERE		10/11/17	Clarence Pauley
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/11/17	Hugh R. Hinds, Jr.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) ELIZABETH I. WILTFONG DELOITTE TAX LLP 1100 WALNUT STREET, SUITE 3300 KANSAS CITY MO 64106-2129			Preparer's telephone number (816) 474-6180

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 7,014
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 4,120 6a(2) 3,661 6b 1,333 6c 1,473 6d 6,467 6e 175 6f 6,642 6g 0 6h 175
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1D 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____