

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 2020 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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>PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1997</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>PROMEDICA HEALTH SYSTEM, INC.</u> <u>100 MADISON AVENUE</u> <u>TOLEDO, OH 43604</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1517671</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>567-585-3714</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1517671</u>	2c Plan Sponsor's telephone number <u>567-585-3714</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-1517671</u>					
2c Plan Sponsor's telephone number <u>567-585-3714</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.	10/14/2021	LES THOMPSON
	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

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

Form 5500 (2020)
v. 200204

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	12618
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.....		6a(1)	6028
a(2) Total number of active participants at the end of the plan year		6a(2)	5505
b Retired or separated participants receiving benefits.....		6b	1932
c Other retired or separated participants entitled to future benefits		6c	3672
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	11109
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	155
f Total. Add lines 6d and 6e		6f	11264
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
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: 1C 1I 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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020	
▶ 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 PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PROMEDICA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 34-1517671
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 01 Day 01 Year 2020			
2	Assets:			
a	Market value	2a	490219688	
b	Actuarial value	2b	475268863	
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.....	1989	112416153	112416153
b	For terminated vested participants.....	4601	92063226	92063226
c	For active participants	6028	192206556	192544072
d	Total.....	12618	396685935	397023451
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	5.24 %	
6	Target normal cost.....	6	1829933	

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	09/30/2021 Signature of actuary MATTHEW R. KLEIN, F.S.A. Type or print name of actuary FINDLEY, A DIVISION OF USI Firm name 1660 WEST SECOND STREET, SUITE 900 CLEVELAND, OH 44113-1461 Address of the firm	Date 20-06865 Most recent enrollment number 216-875-1900 Telephone number (including area code)
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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)	0	52648768
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1233648
9 Amount remaining (line 7 minus line 8)	0	51415120
10 Interest on line 9 using prior year's actual return of <u>17.45</u> %	0	8971938
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.41</u> %		0
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		0
d Portion of (c) to be added to prefunding balance		0
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)	0	60387058

Part III Funding Percentages

14 Funding target attainment percentage	14	104.49 %
15 Adjusted funding target attainment percentage	15	119.70 %
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	100.59 %
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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
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	1829933	
b Excess assets, if applicable, but not greater than line 31a	31b	1829933	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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

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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROMEDICA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 34-1517671	

Part I	Service Provider Information (see instructions)
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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
LIGHTHOUSE INVESTMENT PARTNERS, LLC
20-3528185

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO
33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DGV SOLUTIONS LP
47-2344782

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BAILLIE GIFFORD OVERSEAS LTD
22-3438530

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

HARBOR CAPITAL ADVISORS, INC.

34-1953397

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

HARBOR SERVICES GROUP, INC.

34-1953399

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

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

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

FINDLEY, A DIVISION OF USI

06-1053228

(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 15 50	NONE KNOWN	518857	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	507721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDING LOEVNER LP

27-0684167

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE KNOWN	192083	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)

THE BANK OF NEW YORK MELLON

13-5160382

(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 21 50 59 62 99	NONE KNOWN	155025	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BOSTON PARTNERS GLBL INVESTORS, INC

98-0202744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	107900	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

FISHER INVESTMENTS

20-2480800

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68 71	NONE KNOWN	100384	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)

BARING INTERNATIONAL INVESTMENT LTD

98-0457328

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	77685	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERGANSEER CAPITAL MANAGEMENT, LLC

46-3651540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	54295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY, NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	53710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FRONTIER CAPITAL MANAGEMENT COMPANY

04-3492668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	34632	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WEDGE CAPITAL MANAGEMENT LLP

56-1557450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 68	NONE KNOWN	31261	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PAVILION ADVISORY GROUP INC.

04-3831795

(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?
17 27 28 50 51	NONE KNOWN	25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HUNTINGTON NATIONAL BANK

31-0966785

(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 28 50 51	NONE KNOWN	10499	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PROMEDICA HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>34-1517671</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PROMEDICA HEALTH SYS MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>PROMEDICA HEALTH SYSTEM, INC.</u>		
c EIN-PN <u>45-3599835-200</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3018730</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IR&M INTERMEDIATE CREDIT FUND LLC</u>		
b Name of sponsor of entity listed in (a): <u>IR&M INTERMEDIATE CREDIT FUND LLC C/O INCOME RESEARCH & MANAGEMENT</u>		
c EIN-PN <u>46-1944275-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>105525215</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IR&M LONG CREDIT FUND LLC</u>		
b Name of sponsor of entity listed in (a): <u>IR&M LONG CREDIT FUND LLC C/O INCOME RESEARCH & MANAGEMENT</u>		
c EIN-PN <u>46-1964829-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>168260046</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF II SMID CAP RSRCH EQTY PORT</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-6913417-128</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21466539</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BAILLIE GIFFORD GBL ALPHA EQTY FD</u>		
b Name of sponsor of entity listed in (a): <u>BAILLIE GIFFORD INTERNATIONAL LLC</u>		
c EIN-PN <u>98-0473976-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33282065</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LIGHTHOUSE GLOBAL LONG/SHORT FD LTD</u>		
b Name of sponsor of entity listed in (a): <u>LIGHTHOUSE INVESTMENT PARTNERS, LLC</u>		
c EIN-PN <u>20-3528185-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36741677</u>

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROMEDICA HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>34-1517671</u>

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

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)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	214479
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	0	5315239
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	5995422
(B) All other	1c(3)(B)	0	2258132
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	0	90219943
(5) Partnership/joint venture interests	1c(5)	0	61354697
(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)	0	24485269
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	490219688	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	273785261
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	65942592
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	490219688	529571034

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	37170
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	37170

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	490219688	529533864
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-3786	
(B) U.S. Government securities	2b(1)(B)	171184	
(C) Corporate debt instruments	2b(1)(C)	376390	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		543788
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	883913	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1403458	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2287371
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	100029436	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	105605677	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-5576241
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	13916323	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		13916323

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		34827076
(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)		30518274
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-2436227
c Other income	2c		7958
d Total income. Add all income amounts in column (b) and enter total.....	2d		74088322

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	31854983	
(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)		31854983
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)	676655	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1195170	
(4) Other.....	2i(4)	1047338	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2919163
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		34774146

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		39314176
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **PLANTE MORAN, PLLC**

(2) EIN: **38-1357951**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b 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.)			
4b		X	
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?	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?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4309105.			

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 2020 This Form is Open to Public Inspection.
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROMEDICA HEALTH SYSTEM, INC.		D Employer Identification Number (EIN) 34-1517671
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 0
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): 38-0303960		
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 1283
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) 2020 v. 200204		

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: 42.8 % Investment-Grade Debt: 53.2 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 4.0 %

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):

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

ProMedica Health System, Inc. Cash Balance Retirement Plan

**Financial Report
December 31, 2020**

ProMedica Health System, Inc. Cash Balance Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
ProMedica Health System, Inc.
Cash Balance Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of ProMedica Health System, Inc. Cash Balance Retirement Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2020 and 2019 and the related statement 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 accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 of America. 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by The Bank of New York Mellon/BNY Mellon, N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2020 and 2019 that the information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion

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.

Other Matter

The supplemental schedules of assets held at end of year as of December 31, 2020 and reportable transactions for the year ended December 31, 2020 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

To the Plan Administrator
ProMedica Health System, Inc.
Cash Balance Retirement Plan

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Plante & Moreau, PLLC

Toledo, Ohio
October 12, 2021

ProMedica Health System, Inc. Cash Balance Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2020 and 2019	
	2020	2019
Assets		
Investments at fair value: (Note 4)		
Interest in master trust at fair value	\$ -	\$ 490,219,688
Common commingled funds	368,294,272	-
Fixed-income securities	13,568,793	-
Equity securities	56,937,878	-
Limited partnerships	24,613,020	-
Mutual funds	65,942,592	-
Total investments at fair value	529,356,555	490,219,688
Accrued interest and dividends	214,479	-
Liabilities - Payables and unsettled trades	37,170	-
Net Assets Available for Benefits	\$ 529,533,864	\$ 490,219,688

ProMedica Health System, Inc. Cash Balance Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2020 and 2019

	2020	2019
Additions		
Investment income:		
Interest and dividends	\$ 4,772,332	\$ -
Plan interest in ProMedica Health System, Inc. Master Trust investment income	-	78,785,169
Net realized and unrealized gains on investments	69,315,990	-
Total investment income	74,088,322	78,785,169
Deductions		
Benefits paid directly to participants or beneficiaries	31,854,983	31,929,795
Administrative expenses	2,919,163	3,614,293
Total deductions	34,774,146	35,544,088
Net Increase	39,314,176	43,241,081
Net Assets Available for Benefits		
Beginning of year	490,219,688	446,978,607
End of year	<u><u>\$ 529,533,864</u></u>	<u><u>\$ 490,219,688</u></u>

December 31, 2020 and 2019

Note 1 - Plan Description

The following description of ProMedica Health System, Inc. Cash Balance Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a cash balance plan covering all full-time employees of ProMedica Health System, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2017, the Plan was amended to freeze participant benefit accruals. As a result, participant benefit accruals ceased effective January 1, 2017, and all participants with no break in service who were less than fully vested became fully vested. Participants who were active at the effective date of this amendment will now participate in ProMedica Health System, Inc. 401(k) Plan.

Effective January 1, 2020, and the ProMedica Health System, Inc. Master Trust (the "Master Trust") was dissolved, as discussed in Note 4.

Eligibility and Vesting

All salaried and hourly employees of ProMedica Health System; The Toledo Hospital; Flower Hospital; Bay Park Community Hospital; ProMedica Continuing Care Services Corporation; ProMedica Physicians Corporation; Paramount Care Inc.; Paramount Care of Michigan, Inc.; Paramount Benefits Agency, Inc.; Paramount Preferred Options; and Lenawee Health Alliance (collectively, the "Company") hired on or before December 31, 2014 become participants of the Plan on January 1 of the plan year in which the employee first completes one year of service, as defined in the plan document. An account is opened in each employee's name when eligibility requirements are met. Prior to the plan freeze described above, participants in the Plan became fully vested upon completion of three years of service.

Prior to the plan freeze described above, plan participants earned annual allocations based on years of benefit service and percent of compensation, as defined by the Plan. Guaranteed interest credits were also allocated to participants' cash balance accounts based on the return of 30-year Treasury notes in November before the beginning of the next plan year.

Pension Benefits

Eligible employees are entitled to pension benefits beginning at the participant's normal retirement age or at the date of their termination. Normal retirement age is 65 for most participants. Eligible employees working beyond 65 years of age will begin receiving benefit payments after termination of employment or when mandated by law. For certain other participants and for participants hired on or after January 1, 1997, normal retirement age is 65 or the fifth anniversary of plan membership, whichever is later.

The standard form of payment to unmarried participants is a straight-life annuity. Under this form of payment, the participant receives a full, unreduced retirement income benefit in monthly payments until death. The standard form of payment for married participants is a 50 percent contingent annuity. Under this form of payment, the participant's retirement income benefit is reduced and payable for the life of the retiree. Upon his or her death, the benefit continues to be paid to the surviving spouse at the rate of one-half of the amount received by the retiree. An employee may also elect one of certain other payment options available under the Plan, such as a single lump-sum payment, 100 percent contingent annuity, 10-year certain and life, and level income.

December 31, 2020 and 2019

Note 1 - Plan Description (Continued)

Death Benefits

If an active or terminated employee who has a vested interest in the Plan dies prior to his or her normal retirement age, a death benefit equal to the full value of the cash balance account will be paid to the designated beneficiary. Prior participants of Lenawee Plan, which was merged into the Plan in a prior year, receive a monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50 percent of the benefit vested on the date of death, adjusted as appropriate for early commencement, and the 50 percent joint and survivor annuity form of payment.

Disability Benefits

The Plan does not provide for disability benefits except for the former Lenawee Plan participants who were covered under the disability provisions of Lenawee Plan, which was previously merged into the Plan. They receive the accrued benefit payable without reduction for early commencement but reduced by workers' compensation benefits.

Contributions

Participants are not permitted to make contributions to the Plan. The plan sponsor has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. The plan sponsor's intention is to make contributions in amounts necessary to meet ERISA funding standards. The plan sponsor has met the ERISA minimum funding requirements.

Party-in-interest Transactions

Certain plan assets are in investment funds managed by The Bank of New York Mellon/BNY Mellon, N.A. (BNY Mellon) or its affiliates. BNY Mellon is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions, as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation

The fair value of the Plan's interest in the Master Trust is based on the beginning of the year value of the Plan's interest in the trust, plus actual contributions and allocated investment income, less actual distributions and allocated administrative expenses.

The common commingled funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. Fixed-income securities are valued using quoted market prices or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve, as well as other relevant economic measures. The investment in the limited partnerships are valued at NAV based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. All other investments are valued based on quoted market prices reported in active markets. See Note 6 for additional information.

December 31, 2020 and 2019

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service that employees have rendered. Accumulated plan benefits include benefits expected to be paid to the following:

- (a) Retired or terminated employees or their beneficiaries
- (b) Beneficiaries of employees who have died
- (c) Present employees or their beneficiaries

The present value of accumulated plan benefits is actuarially determined and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment due to death, disability, or retirement between the valuation date and the expected date of payment.

Actuarial Assumptions

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2019 are summarized as follows:

Actuarial cost method	Projected unit credit
Assumed rate of return	7.0 percent per annum
Cash balance index	4.50 percent
Retirement	At normal retirement age (65)
Mortality basis	Pri-2012 Mortality Table and projected with Scale MP-2019

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

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

December 31, 2020 and 2019**Note 2 - Summary of Significant Accounting Policies (Continued)*****Risks and Uncertainties***

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the financial statements.

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 12, 2021, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

BNY Mellon (the "Trustee") holds the Master Trust's and Plan's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying financial statements, including master trust information included in Note 4, are based solely on information certified by the Trustee.

Note 4 - Interest in Master Trust

The Plan's investments are in the Master Trust, which was originally established for the investment of assets of the Plan and several other employer-sponsored benefit plans. As of December 31, 2019, the Plan is the only participating benefit plan in the Master Trust. The assets of the Master Trust are held by the Trustee. The Master Trust dissolved on January 1, 2020, and there were no master trust investments held at January 1, 2020.

The net assets of the Master Trust and the Plan's interest in master trust balances at December 31, 2019 are as follows:

Investments - At fair value:	
Equity securities	\$ 136,420,692
Fixed-income securities	36,622,176
Common commingled funds	295,093,163
Limited partnerships	<u>21,685,097</u>
Total investments - At fair value	489,821,128
Other receivables	438,827
Payables and unsettled trades	<u>(40,267)</u>
Total master trust investments	<u>\$ 490,219,688</u>

The investment income for the Master Trust and the Plan's interest in the Master Trust for the year ended December 31, 2019 is as follows:

Net realized and unrealized gains on investments	\$ 72,374,957
Interest and dividends	<u>6,410,212</u>
Total investment income	<u>\$ 78,785,169</u>

Notes to Financial Statements**December 31, 2020 and 2019****Note 5 - Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from Findley. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of December 31, 2019, the most recent actuarial valuation, are as follows:

Actuarial present value of accumulated plan benefits -	
Vested benefits:	
Participants currently receiving benefit payments	\$ 97,243,447
Other vested participants	<u>280,231,205</u>
Total vested benefits	377,474,652
Nonvested benefits	<u>314,660</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 377,789,312</u></u>

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2019 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year	\$ 384,744,658
(Decrease) increase during the year attributable to:	
Change in actuarial assumptions	(1,489,198)
Benefits accumulated (including gains and losses)	630,162
Increase for interest due to the decrease in the discount period	25,833,485
Benefits paid	<u>(31,929,795)</u>
Net decrease	<u>(6,955,346)</u>
Actuarial present value of accumulated plan benefits - End of year	<u><u>\$ 377,789,312</u></u>

The change in actuarial assumptions in 2020 and 2019 was the result of a change in the assumed rate of return and a change in mortality improvement scales.

Note 6 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the valuation techniques and inputs used to measure fair value.

Level 1

Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Master Trust has the ability to access.

Level 2

Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3

Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset.

ProMedica Health System, Inc. Cash Balance Retirement Plan

Notes to Financial Statements

December 31, 2020 and 2019

Note 6 - Fair Value Measurements (Continued)

In instances where inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the assets measured at fair value on a recurring basis at December 31, 2020 and 2019:

Assets Measured at Fair Value on a Recurring Basis at December 31, 2020				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	\$ 65,942,592	\$ 65,942,592	\$ -	\$ -
Equity securities	56,937,878	56,937,878	-	-
Fixed-income securities	13,568,793	2,322,345	11,246,448	-
Total	136,449,263	\$ 125,202,815	\$ 11,246,448	\$ -

Investments measured at NAV:	
Limited partnerships (1)	24,613,020
Common commingled funds (2)	368,294,272
Total investments at fair value	\$ 529,356,555

Assets Measured at Fair Value on a Recurring Basis at December 31, 2019				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Equity securities	\$ 136,420,692	\$ 136,420,692	\$ -	\$ -
Fixed-income securities	36,622,176	14,242,152	22,380,024	-
Total	173,042,868	\$ 150,662,844	\$ 22,380,024	\$ -

Investments measured at NAV:	
Limited partnerships (1)	21,685,097
Common commingled funds (2)	295,093,163
Total investments at fair value	\$ 489,821,128

- (1) This class represents investments in actively managed limited partnerships with investments in real estate and equity securities. The investments may include real estate property, real estate investment trusts, common stocks, options, and futures. Investments are valued at net asset value per share multiplied by the number of shares held at the measurement date.
- (2) This class represents investments in actively managed common commingled funds that primarily invest in equity securities, which may include common stock, options, and futures.

There were no unfunded commitments or redemption restrictions on the investments measured at NAV described above.

December 31, 2020 and 2019

Note 7 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 8 - Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Provide benefits for all participants or beneficiaries whose benefits have been, or could have been, in pay status for the entire three-year period prior to termination based on the plan provisions in effect during the five-year period ending on such date under which such benefit would be the least.
2. Provide all other benefits guaranteed under Title IV of the Employee Retirement Income Security Act of 1974 (without regard to the limitation of Section 4022(b)(3) or the limitation on benefits payable to substantial owners of Section 4022(b)(5)).
3. Provide all other vested benefits other than those becoming nonforfeitable solely on account of the termination of the Plan.
4. Provide all other benefits under the Plan.

The Pension Benefit Guaranty Corporation (PBGC) guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by ERISA. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Schedule SB, Line 26 - Schedule of Active Participant Data

January 1, 2020 Valuation
ProMedica Health System, Inc. Cash Balance Retirement Plan
(EIN: 34-1517671; PN: 001)

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 & up
<u>Under 25</u>		1	7							
Avg Benefit										
Avg CB		*	*							
<u>25 to 29</u>		37	244	3						
Avg Benefit										
Avg CB		1,868	3,589	*						
<u>30 to 34</u>		62	437	156	8					
Avg Benefit										
Avg CB		2,899	6,474	13,809	*					
<u>35 to 39</u>		34	283	248	130	7				
Avg Benefit			105	191						
Avg CB		3,108	6,836	19,497	31,501	*				
<u>40 to 44</u>		21	233	163	222	76	2			
Avg Benefit			194	327	1,317	1,191				
Avg CB		3,114	7,484	20,222	37,118	54,158	*			
<u>45 to 49</u>		21	203	168	223	139	54	2		
Avg Benefit		69	156	383	545	698	963			
Avg CB		4,094	7,557	21,391	42,815	58,190	68,879	*		
<u>50 to 54</u>		15	160	143	164	149	98	67	2	
Avg Benefit		144	222	429	707	892	1,365			
Avg CB		1,636	6,783	20,298	35,442	61,059	82,541	94,434	*	
<u>55 to 59</u>	1	7	142	133	193	183	106	118	72	14
Avg Benefit	*	*	206	360	592	966	1,342	1,569	1,387	
Avg CB		*	7,275	19,974	39,068	60,070	70,355	116,202	132,087	95,887
<u>60 to 64</u>	1	16	94	87	135	107	86	94	94	113
Avg Benefit	*	175	304	336	669	948	1,278	1,558	955	1,730
Avg CB		4,130	8,561	20,751	38,827	67,247	74,636	118,200	146,036	150,330
<u>65 to 69</u>		5	38	29	39	35	24	17	20	36
Avg Benefit			126	293	441	717	1,674	1,000	487	276
Avg CB		*	7,130	20,307	41,167	64,322	72,436	109,055	160,993	170,033
<u>70 & up</u>		2	7	9	6	9	3	3	2	6
Avg Benefit		*	*		*	*				*
Avg CB		*	*	*	*	*	*	*	*	*

* Average is not shown since there are less than 10 active participants in this age/service category.

Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of December 2019 and published in January 2020 (as prescribed by IRC 430) and adjusted to reflect BBA: - Segment 1 (0 – 5 years) 3.64% - Segment 2 (5 to 20 years) 5.21% - Segment 3 (more than 20 years) 5.94% - Effective Interest Rate 5.24%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of December 2019 and published in January 2020 (as prescribed by IRC 430) as follows: - Segment 1 (0 – 5 years) 2.77% - Segment 2 (5 to 20 years) 3.83% - Segment 3 (more than 20 years) 4.28% - Effective Interest Rate 3.88%
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; before being limited to third segment rate 7.00% Rationale: as selected by the Plan Sponsor with advice from the investment advisor.
PBGC Annual Interest Rates	Spot segment rates averaged through the end of December 2019 and published in January 2020 using the Standard Method (as prescribed by IRC 430) as follows: - Segment 1 (0 – 5 years) 2.03% - Segment 2 (5 to 20 years) 3.06% - Segment 3 (more than 20 years) 3.59% - Effective Interest Rate 3.16%
Cash Balance Index	Funding: 2.28% Rationale: the 30-Year Treasury rates for November of the prior plan year.
Salary Scale	Not applicable as all benefits are frozen.
Mortality	Mortality as provided in Notice 2019-26, male and female, with different rate for annuitants and nonannuitants (as prescribed by IRC 430).
Assumptions Made In Valuing Spouse's Benefit	Cash Balance and Lenawee – Eighty percent of the male and sixty percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Appendix B (Continued)

Assumptions Made In Valuing Spouse's Benefit (Continued)

Monroe – Eighty percent of the male and seventy percent of the female employees included in the valuation are assumed to be married. These percentages are used as the probabilities that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Rates of Retirement

Cash Balance and Lenawee – Actives are assumed to retire according to age as follows:

<u>Age(s)</u>	<u>Rates</u>	
	<u>2020</u>	<u>2021+</u>
55-60	5.2%	6.5%
61-62	9.6	12.0
63-64	12.0	15.0
65-66	24.0	30.0
67-71	20.0	25.0
72	100.0	100.0

Terminated Vested and Deferred Beneficiaries are assumed to commence at Normal Retirement.

Rationale: as adopted by the Plan Sponsor based on an experience study completed in 2018 to reasonably align with historical experience and adjusted prior to 2021 due to the ERI offered in 2016.

Monroe – Actives are assumed to retire according to age as follows:

<u>Age</u>	<u>Rates</u>	
	<u>2020</u>	<u>2021</u>
55	2.96%	3.70%
56	2.56	3.20
57	2.32	2.90
58	2.00	2.50
59	1.84	2.30
60	4.16	5.20
61	4.08	5.10
62	32.00	40.00
63-64	16.00	20.00
65	100.00	100.00

Terminated Vested and Deferred Beneficiaries are assumed to commence at Normal Retirement.

Rationale: as adopted by the Plan Sponsor based on experience to reasonably align with historical experience and adjusted prior to 2021 due to the ERI offered in 2016.

Appendix B (Continued)

Rates of Turnover

Cash Balance and Lenawee - Based on age as follows:

<u>Age</u>	<u>Service</u>
Up to 29	10.00%
30-39	8.00
40-55	5.00

Rationale: as adopted by the Plan Sponsor based on an experience study completed in 2018 to reasonably align with historical experience.

Monroe – Based on age with sample rates as follows:

<u>Age</u>	<u>Rate</u>
25	11.6242%
40	9.3957
55	1.7264

Rationale: as adopted by the Plan Sponsor based on experience to reasonably align with historical experience.

Rates of Disability

Cash Balance and Lenawee – Based on age as follows:

<u>Age</u>	<u>Rate</u>
25	0.04%
30	0.04
35	0.05
40	0.07
45	0.09
50	0.12
55	0.18
60	0.39

Monroe – Based on age and sex as follows:

<u>Age</u>	<u>Male</u>	<u>Female</u>
25	0.038%	0.047%
40	0.117	0.211
55	0.722	0.952

Optional Form Selection

Cash Balance & Lenawee – All participants not eligible to receive a lump sum or cash balance distribution are assumed to elect the normal form of payment.

Monroe - Eighty-five percent of future retirees are assumed to elect the Life Annuity form of payment and fifteen percent of future retirees are assumed to elect the 50% Joint & Survivor form of payment.

Appendix B (Continued)

Cash Balance Distribution	Cash Balance - 40% of Active participants eligible for a cash balance distribution are assumed to receive a lump sum distribution immediately upon termination. The other 60% are assumed to receive a lump sum distribution at age 65. 100% of Deferred Vested participants under age 62 who are eligible for a cash balance distribution are assumed to receive a lump sum at age 62. Those participants who are over age 62 and under age 65 are assumed to receive a lump sum at age 65, and those over age 65 are assumed to receive a lump sum at age 70 Lenawee and Monroe – Not applicable. Rationale: as adopted by the Plan Sponsor based on an experience study completed in 2018 to reasonably align with historical experience.
Lump Sum Distributions	Cash Balance – See Cash Balance Distribution. Lenawee - 40% of Active participants are assumed to receive a lump sum distribution immediately upon termination. The other 60% are assumed to receive a lump sum distribution at age 65. 100% of Deferred Vested participants under age 62 are assumed to receive a lump sum at age 62. Those participants who are over age 62 and under age 65 are assumed to receive a lump sum at age 65, and those over 65 are assumed to receive a lump sum at age 70. Rationale: as adopted by the Plan Sponsor based on an experience study completed in 2018 to reasonably align with historical experience.
Provision for Expenses	The expected non-investment related expenses expected to be paid from plan assets for the upcoming year, which were assumed to equal actual administrative expenses during the prior year plus PBGC premiums for the current year, were included in the Target Normal Cost for Minimum Required Contribution purposes.
Standing Elections	The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.
Funding Method	Pure Unit Credit.
Employees Valued	Only participants as of the valuation date were valued.

Appendix B (Continued)

Asset Method

Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were 3.74%, 5.35% and 6.11%. These rates were updated to the rates required for the current plan year.

The Cash Balance Index was 3.36% for funding purposes. This is not a change in assumption methodology.

The mortality table for the funding target was changed as required under PPA '06.

Justification for Changes in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

ProMedica Health System, Inc. Cash Balance Retirement Plan

Schedule of Reportable Transactions

Form 5500, Schedule H, Line 4j
EIN 34-1517671, Plan No. 001
Year Ended December 31, 2020

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
BNY Mellon	EB TEMP INV FD:					
	Purchases - 593	\$ 42,409,993	\$ -	\$ 42,409,993	\$ 42,409,993	\$ -
	Sales - 434	-	42,411,807	42,411,807	42,411,807	-

There were no Category (i), (ii), or (iv) reportable transactions during the year.

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 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

▶ **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 PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PROMEDICA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 34-1517671
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 01 Day 01 Year 2020	
2 Assets:	
a Market value.....	2a 490,219,688
b Actuarial value.....	2b 475,268,863
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 1,989 (2) Vested Funding Target 112,416,153 (3) Total Funding Target 112,416,153
b For terminated vested participants	4,601 92,063,226 92,063,226
c For active participants.....	6,028 192,206,556 192,544,072
d Total.....	12,618 396,685,935 397,023,451
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 5.24%
6 Target normal cost.....	6 1,829,933

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	<i>Matthew Klein</i>	9/30/2021
Signature of actuary		Date
MATTHEW R. KLEIN, F.S.A.		2006865
Type or print name of actuary		Most recent enrollment number
FINDLEY, A DIVISION OF USI		216-875-1900
Firm name		Telephone number (including area code)
1660 WEST SECOND STREET, SUITE 900		
CLEVELAND OH 44113-1461		
Address of the firm		

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

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

Schedule SB (Form 5500) 2020
v. 200204

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)	0	52,648,768
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,233,648
9 Amount remaining (line 7 minus line 8)	0	51,415,120
10 Interest on line 9 using prior year's actual return of <u>17.45%</u>	0	8,971,938
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
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>5.41%</u>		0
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		0
d Portion of (c) to be added to prefunding balance		0
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)	0	60,387,058

Part III Funding Percentages

14 Funding target attainment percentage	14	104.49%
15 Adjusted funding target attainment percentage	15	119.70%
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	100.59%
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
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.64 %	2nd segment: 5.21 %	3rd segment: 5.94 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 64
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	1,829,933	
b Excess assets, if applicable, but not greater than line 31a	31b	1,829,933	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
ProMedica Health System, Inc. Cash Balance Retirement Plan
January 1, 2020 Valuation
EIN/PN: 34-1517671 / 001

Rates of Retirement

Cash Balance and Lenawee – Actives are assumed to retire according to age as follows:

<u>Age(s)</u>	<u>Rates</u>	
	<u>2020</u>	<u>2021+</u>
55-60	5.2%	6.5%
61-62	9.6	12.0
63-64	12.0	15.0
65-66	24.0	30.0
67-71	20.0	25.0
72	100.0	100.0

Terminated Vested and Deferred Beneficiaries are assumed to commence at Normal Retirement.

Rationale: as adopted by the Plan Sponsor based on an experience study completed in 2018 to reasonably align with historical experience and adjusted prior to 2021 due to the ERI offered in 2016.

Monroe – Actives are assumed to retire according to age as follows:

<u>Age</u>	<u>Rates</u>	
	<u>2020</u>	<u>2021</u>
55	2.96%	3.70%
56	2.56	3.20
57	2.32	2.90
58	2.00	2.50
59	1.84	2.30
60	4.16	5.20
61	4.08	5.10
62	32.00	40.00
63-64	16.00	20.00
65	100.00	100.00

Terminated Vested and Deferred Beneficiaries are assumed to commence at Normal Retirement.

Rationale: as adopted by the Plan Sponsor based on experience to reasonably align with historical experience and adjusted prior to 2021 due to the ERI offered in 2016.

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
ProMedica Health System, Inc. Cash Balance Retirement Plan
January 1, 2020 Valuation
EIN/PN: 34-1517671 / 001

Rates of Retirement
(Continued)

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	2,187	0.0625	137	7,514
56	2,224	0.0623	139	7,757
57	2,276	0.0619	141	8,033
58	2,343	0.0615	144	8,357
59	2,368	0.0615	146	8,595
60	2,391	0.0631	151	9,048
61	2,401	0.1139	274	16,689
62	2,274	0.1342	305	18,914
63	2,113	0.1491	315	19,845
64	1,929	0.1489	287	18,386
65	1,734	0.3261	565	36,749
66	1,232	0.2951	363	23,987
67	899	0.2470	222	14,883
68	703	0.2482	174	11,862
69	549	0.2487	136	9,415
70	425	0.2479	105	7,373
71	324	0.2466	80	5,680
72	242	1.0000	242	17,437
73	6	1.0000	6	438
74	1	1.0000	1	74
75	2	1.0000	2	150
76	4	1.0000	4	304
77	5	1.0000	5	385
78	1	1.0000	1	78
79	3	1.0000	3	237
80	1	1.0000	1	80
81	2	1.0000	2	162
82	0	1.0000	0	0
83	0	1.0000	0	0
84	1	1.0000	1	84
Total			3,953	252,515
Average				63.88

Appendix A-1

Summary of Principal Plan Provisions

Cash Balance Participants

Plan Sponsor	ProMedica Health System, Inc.														
EIN/PN	34-1517671/001														
Effective Date	Amended and restated effective January 1, 2016. Last amended effective December 31, 2019.														
Plan Year	The 12-month period beginning each January 1.														
Participation	The January 1st of the Plan Year in which one first completes a Year of Eligibility Service. Employees hired on or after January 1, 2015 are not eligible to participate.														
Compensation	Total salary, wages, overtime pay, bonuses, commissions and other remuneration excluding imputed income, reimbursed expenses and other such payments. The amount is subject to the annual limit prescribed by IRC Section 401(a)(17).														
Participant's Account	The nominal account maintained for each participant including the Prior Plan Account Balance, Allocations and Interest Credits.														
Prior Plan Account Balance	The Actuarial Equivalent of the participant's accrued benefit from the prior plan as of December 31, 1996.														
Allocations	Each plan year an allocation to each Participant's Account will be made equal to a percentage of Compensation based on the participant's Years of Service as follows: For Years of Service Earned before January 1, 2011 and after January 1, 2015: <table><thead><tr><th><u>Years of Service</u></th><th><u>Percentage of Compensation</u></th></tr></thead><tbody><tr><td>0-4</td><td>3.0%</td></tr><tr><td>5-9</td><td>3.5</td></tr><tr><td>10-14</td><td>4.0</td></tr><tr><td>15-19</td><td>4.5</td></tr><tr><td>20-24</td><td>5.0</td></tr><tr><td>25 or more</td><td>6.0</td></tr></tbody></table>	<u>Years of Service</u>	<u>Percentage of Compensation</u>	0-4	3.0%	5-9	3.5	10-14	4.0	15-19	4.5	20-24	5.0	25 or more	6.0
<u>Years of Service</u>	<u>Percentage of Compensation</u>														
0-4	3.0%														
5-9	3.5														
10-14	4.0														
15-19	4.5														
20-24	5.0														
25 or more	6.0														

Appendix A-1 (Continued)

Cash Balance Participants

Allocations (Continued) For Years of Service Earned from January 1, 2011 through December 31, 2014:

<u>Years of Service</u>	<u>Percentage of Compensation</u>	
	<u>Twenty Year Participant</u>	<u>All Others</u>
0-4	5.0%	3.0%
5-9	5.5	3.5
10-14	6.0	4.0
15-19	6.5	4.5
20-24	7.0	5.0
25 or more	8.0	6.0

A Twenty-Year Participant is an actively employed cash balance plan participant with 20 or more years of Benefit Service as of January 1, 2011.

It was adopted on June 30, 2016, that all allocations will stop effective January 1, 2017.

Interest Credits

Each year the Participant's Account is credited with interest on the last day of the Plan Year equal to the 12-month average annual 30-year yield on U.S. Treasury Bonds for November of the preceding Plan Year. Interest rate credits since plan inception are as follows:

<u>Year</u>	<u>Rate</u>	<u>Year</u>	<u>Rate</u>
1997	6.48%	2009	4.00
1998	6.11	2010	4.31
1999	5.25	2011	4.19
2000	6.15	2012	3.02
2001	5.78	2013	2.80
2002	5.12	2014	3.80
2003	4.96	2015	3.04
2004	5.12	2016	3.03
2005	4.89	2017	2.86
2006	4.73	2018	2.80
2007	4.69	2019	3.36
2008	4.52	2020	2.28

Years of Service

A Year of Service is credited for each Plan Year in which the employee earns at least 1,000 hours.

Eligibility Service

Completion of 1,000 hours in the twelve-month period first commencing with date of hire or any subsequent plan year.

Actuarial Equivalence

Based on 1994 GAR Mortality Table per Revenue Ruling 2001-62 and the average annual yield on 30-year Treasury securities for the November preceding the Plan Year.

Appendix A-1 (Continued)

Cash Balance Participants

Normal Retirement Benefit

Eligibility:

Age 65 for employees who were participants in The Toledo Hospital plan on December 31, 1996. For all other employees, age 65 and the employee's fifth anniversary of participation.

Benefit Payable:

The Participant's Account Balance or an actuarially equivalent monthly annuity benefit. Participants who had earned 10 Years of Service and attained age 60 as of December 31, 1996 shall have the option of electing an annuity payable from the prior plan as if it had remained in effect.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least three Years of Service.

Benefit Payable:

The Participant's Account balance or an actuarially equivalent monthly annuity benefit.

Death Benefit

Eligibility:

Active participation.

Benefit Payable:

The Participant's Account balance or an actuarially equivalent monthly annuity benefit.

2016 Early Retirement Incentive Benefit

For Cash Balance participants, as of June 30, 2016, 1) who have attained age 55, 2) who have completed 10 or more Years of Vesting Service, 3) whose age and Vesting Service total at least 80 and 4) are a full-time employee are eligible to elect the 2016 Early Retirement Incentive Benefit during the period June 1, 2016 to July 15, 2016. The 2016 Early Retirement Incentive Benefit is a) a Special Early Retirement Allocation equal to 3 times their 2015 accrual, b) a Special Severance Allocation equal to their Years of Vesting Service (up to a maximum of 26 years) multiplied by their base weekly rate of pay and c) a Special Retiree Health Allocation equal to \$6,000.

Appendix A-1 (Continued)

Cash Balance Participants

Optional Forms Available	The following optimal forms are available under this plan: Life annuity, 10 year certain and continuous; 50%, 75% and 100% Joint and Survivor; lump sum (automatic if less than \$5,000). Optional forms are based on an interest rate of 7.00% and the 1994 GAR mortality table per Rev. Rul. 2001-62. Lump sums are paid based on the actual cash balance account or the present value of the participant's frozen December 31, 2016 accrued benefit, whichever is greater. The annuity equivalent of the cash balance account is annualized utilizing the preceding November PPA lump sum segment rates and the mortality table per Rev. Rul. 2007-67.
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	The automatic lump sum distribution limit was changed from \$1,000 to \$5,000 effective December 31, 2019.

Appendix A-2

Lenawee Health Alliance

Plan Sponsor	ProMedica Health System, Inc.
EIN/PN	34-1517671/001
Effective Date	Amended and restated effective January 1, 2016. Last amended effective December 31, 2019.
Plan Year	For periods prior to June 30, 2001, the twelve-month period beginning on July 1 and ending on June 30 of each year. Beginning on July 1, 2001, there was a short plan year from July 1, 2001 to December 31, 2001. For periods on or after January 1, 2002, the 12-month period beginning each January 1.
Participation	An employee hired and/or rehired before July 1, 1998 becomes a member effective as of July 1 nearest the date he completes 1,000 Hours of Service in the 12-month period measured from his date of hire or any anniversary of his hire date.
Compensation	Total wages, salary and overtime pay including amounts received under 403(b) salary deferrals. The amount is subject to the annual limit prescribed by IRC Section 401(a)(17).
Average Annual Compensation	One-third of the sum of Compensation received by an Employee during the three consecutive calendar years producing the highest average ending with the calendar year in which his termination of employment occurs. Pay is annualized for any year in which less than one year of service is credited. Effective July 1, 2018, Average Annual Compensation is frozen for all Lenawee Health Alliance participants except those in a collective bargaining unit represented by AFSCME-Lab. Effective July 1, 2019, Average Annual Compensation is frozen for all remaining Lenawee Health Alliance participants.
Final Average Compensation	One-fifth of the Employee's Compensation for the five consecutive calendar years within the last ten calendar years of employment, during which the Employee received the greatest amount of Compensation. Effective July 1, 2018, Final Average Compensation is frozen for all Lenawee Health Alliance participants except those in a collective bargaining unit represented by AFSCME-Lab. Effective July 1, 2019, Final Average Compensation is frozen for all remaining Lenawee Health Alliance participants.

Appendix A-2 (Continued)

Lenawee Health Alliance

Social Security Covered Compensation

The average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between.

Effective July 1, 2018, Social Security Covered Compensation is frozen for all Lenawee Health Alliance participants except those in a collective bargaining unit represented by AFSCME-Lab.

Effective July 1, 2019, Social Security Covered Compensation is frozen for all remaining Lenawee Health Alliance participants.

Continuous Service

On or after July 1, 1976, an Employee is credited with one Year of Continuous Service for each calendar year in which he has completed 1,000 or more Hours of Service.

Credited Service

On or after January 1, 1998, an eligible employee earns Credited Service in accordance with the following schedule:

<u>Hours Paid in Calendar Year</u>	<u>Years of Credited Service</u>
Less than 1,000	0.0
1,000 - 1,199	0.5
1,200 - 1,399	0.6
1,400 - 1,599	0.7
1,600 - 1,799	0.8
1,800 - 1,999	0.9
2,000 or more	1.0

Prior to January 1, 1998, Credited Service was earned according to the relevant prior plan.

A Herrick employee as of June 30, 1998 will receive a year of Credited Service for 1998 if he earns at least 1,000 hours.

Effective July 1, 2018, Credited Service is frozen for all Lenawee Health Alliance participants except those in a collective bargaining unit represented by AFSCME-Lab.

Effective July 1, 2019, Credited Service is frozen for all remaining Lenawee Health participants.

Appendix A-2 (Continued)

Lenawee Health Alliance

Accrued Benefit

In the case of a Bixby employee on June 30, 1998, the benefit payable is the greater of:

- (a) 1.16% of Average Annual Compensation plus .65% of Average Annual Compensation in excess of Covered Compensation multiplied by Years of Credited Service not exceeding 30, or;
- (b) 1.83% of Average Annual Compensation at December 31, 1989 minus 1.67% of Primary Social Security Benefit at December 31, 1989 multiplied by Years of Credited Service not exceeding 30.

In the case of a Herrick employee on June 30, 1998 the benefit payable is the sum of:

- (a) 1.16% of Average Annual Compensation plus 0.65% of Average Annual Compensation in excess of Covered Compensation multiplied by Years of Credited Service after January 1, 1998 with total service not exceeding 30, plus;
- (b) the Herrick Accrued Benefit under the Predecessor Plan as of December 31, 1982, plus;
- (c) 20% of Final Average Compensation plus 20% of Final Average Compensation in excess of Covered Compensation multiplied by a fraction, the numerator of which is service before January 1, 1998 not exceeding 30 years in total and the denominator of which is the maximum of 35 and Years of Credited Service as of December 31, 1997.

Effective July 1, 2018, Accrued Benefits are frozen for all Lenawee Health Alliance participants except those in a collective bargaining unit represented by AFSCME-Lab.

Effective July 1, 2019 Accrued Benefits are frozen for all remaining Lenawee Health participants.

Normal Retirement Benefit

Eligibility:
Age 65.

Benefit Payable:
The Accrued Benefit.

Early Retirement Benefit

Eligibility:
Age 55 and 10 years of Continuous Service.

Monthly Benefit:
The Accrued Benefit at early retirement reduced by 5/9% for each of the first 60 months, and 5/18% for each additional month retirement precedes normal retirement date.

Appendix A-2 (Continued)

Lenawee Health Alliance

Late Retirement Benefit Eligibility:

After age 65.

Monthly Benefit:

The Accrued Benefit at late retirement.

Disability Retirement Benefit

Eligibility:

10 Years of Continuous Service and eligibility for a disability benefit under the Federal Social Security Act.

Monthly Benefit:

The Accrued Benefit is payable without reduction for early commencement, but is reduced by Worker's Compensation benefits.

Termination Benefit

Eligibility:

5 years of Continuous Service.

Benefit Payable:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility:

100% vested and married for at least one year. Active participation.

Benefit Payable:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

2016 Early Retirement Incentive Benefit

For participants, as of June 30, 2016, 1) who have attained age 55, 2) who have completed 10 or more Years of Vesting Service, 3) whose age and Vesting Service total at least 80 and 4) are a full-time employee are eligible to elect the 2016 Early Retirement Incentive Benefit during the period June 1, 2016 to July 15, 2016. The 2016 Early Retirement Incentive Benefit is a) a Special Early Retirement Allocation equal to 3 times their 2015 accrual, b) a Special Severance Allocation equal to their Years of Vesting Service (up to a maximum of 26 years) multiplied by their base weekly rate of pay and c) a Special Retiree Health Allocation equal to \$6,000.

Appendix A-2 (Continued)

Lenawee Health Alliance

Optional Forms Available	The following optional forms are available under this plan: Life annuity; 10 year certain and continuous; 50%, 66$\frac{2}{3}$%, 75% and 100% Joint and Survivor; lump sum (automatic if less than \$5,000). Optional forms are based on an interest rate of 6.00% and the 1984 Unisex Pension Mortality Table. Lump sums are calculated using the preceding November PPA lump sum segment rates and the mortality table per Rev. Rul. 2007-67.
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	The automatic lump sum distribution limit was changed from \$1,000 to \$5,000 effective December 31, 2019. The maximum total service for Herrick employees was changed from 30 years to 35 years.

Appendix A-3

Monroe Regional Hospital

Plan Sponsor	ProMedica Health System, Inc.																		
EIN/PN	34-1517671/001																		
Effective Date	Amended and restated effective January 1, 2016. Last amended effective December 31, 2019.																		
Plan Year	The 12-month period beginning each January 1.																		
Participation	Any Employee is eligible to participate in the plan on the anniversary of their date of employment as long as they have attained age 21 and completed 1,000 hours of service. If they do not qualify on their anniversary date, then they will become eligible once they have completed 1,000 hours in a plan year. However, no employees shall enter the plan after June 30, 2005.																		
Hour of Service	An hour for which the employee is paid or entitled to payment by the Company.																		
Year of Service	One year for each plan year in which he worked 1,000 or more Hours of Service.																		
Covered Compensation	The average of the Social Security wage bases for the 35 years ending in the year the participant attains Social Security Normal Retirement Age (SSNRA). If a participant terminates, retires, or dies prior to SSNRA, the wage is assumed to remain level for all future years.																		
Benefit Service	Based on Hours of Service as follows: <table><tr><th>Hours of Service</th><th>Years of Credited Service</th></tr><tr><td>Less Than 1,000</td><td>0</td></tr><tr><td>1,000 – 1,049</td><td>6/12</td></tr><tr><td>1,050 – 1,199</td><td>7/12</td></tr><tr><td>1,200 – 1,349</td><td>8/12</td></tr><tr><td>1,350 – 1,499</td><td>9/12</td></tr><tr><td>1,500 – 1,649</td><td>10/12</td></tr><tr><td>1,650 – 1,799</td><td>11/12</td></tr><tr><td>1,800 or more</td><td>1</td></tr></table> Credited Service was frozen December 31, 2005 for any participant electing to participate in the 403(b) plan and September 30, 2009 for everyone else.	Hours of Service	Years of Credited Service	Less Than 1,000	0	1,000 – 1,049	6/12	1,050 – 1,199	7/12	1,200 – 1,349	8/12	1,350 – 1,499	9/12	1,500 – 1,649	10/12	1,650 – 1,799	11/12	1,800 or more	1
Hours of Service	Years of Credited Service																		
Less Than 1,000	0																		
1,000 – 1,049	6/12																		
1,050 – 1,199	7/12																		
1,200 – 1,349	8/12																		
1,350 – 1,499	9/12																		
1,500 – 1,649	10/12																		
1,650 – 1,799	11/12																		
1,800 or more	1																		
Monthly Earnings	The January 1 hourly rate of pay multiplied by 173. Monthly earnings does not include overtime, call time, differential time, incentive compensation or bonuses.																		
Final Average Monthly Earnings	The sum of the highest 5 consecutive years of Monthly Earnings divided by 5. Final Average Monthly Earnings were frozen December 31, 2005 for any participant electing to participate in the 403(b) plan and September 30, 2009 for everyone else.																		

Appendix A-3 (Continued)

Monroe Regional Hospital

Accrued Benefit

A monthly benefit payable for life equal to the sum of (1) and (2):

- a. 1.05% of Final Average Monthly Earnings times years of Credited Service, plus
- b. 0.65% of Final Average Monthly Earnings in excess of Covered Compensation times years of Credited Service (not to exceed 35).

Accrued Benefits were frozen December 31, 2005 for any participant electing to participate in the 403(b) plan and September 30, 2009 for everyone else.

Early Retirement Factor

Based on age as follows:

<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
55	.4862	59	.6538	63	.8462
56	.5292	60	.6923	64	.9231
57	.5769	61	.7308	65	1.000
58	.6154	62	.7692		

Normal Retirement Benefit

Eligibility:

Age 65.

Monthly Benefit:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 5 Years of Service.

Monthly Benefit:

The Accrued Benefit at early retirement adjusted by the Early Retirement Factor.

Disability Retirement Benefit

Eligibility:

Age 50 and 10 Years of Service. Participant must also be determined to be permanently and total disabled by the Federal Social Security Administration.

Monthly Benefit:

The Accrued Benefit at disability retirement date payable immediately upon disability determination without any reductions for early retirement.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least five Years of Service.

Appendix A-3 (Continued)

Monroe Regional Hospital

Termination Benefit (Continued)

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions above. The amount of benefit he is vested in is based on the following schedule:

<u>Years of Service</u>	<u>Percentage</u>
Less Than 5	0%
5 or More	100%

Preretirement Surviving Spouse Benefit

Eligibility:

Participants married for at least one year with at least five Years of Service.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

Benefits Available as Lump Sums

This plan pays only small benefit amounts (lump sums less than \$5,000) and death benefits.

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Optional Forms of Payment

Life Annuity
Life Annuity with 120 payments guaranteed
50% Joint and Survivor
75% Joint and Survivor
100% Joint and Survivor
Lump Sums (only small benefit cash outs)

Optional forms are determined using the UP-84 Mortality table and 6% interest.

Changes in Plan Provisions

The automatic lump sum distribution limit was changed from \$1,000 to \$5,000 effective December 31, 2019.

ProMedica Health System, Inc. Cash Balance Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 34-1517671, Plan No. 001

December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Equity securities:		
BNY MELLON	B3 SA - BRASIL BOLSA BALCAO	323,458	348,426
BNY MELLON	SONOVA HOLDING AG	122,754	306,511
BNY MELLON	LONZA GROUP AG	125,813	557,250
BNY MELLON	ROCHE HOLDING AG	421,509	426,123
BNY MELLON	GENMAB A/S	272,667	306,078
BNY MELLON	BANCO BILBAO VIZCAYA ARGENTARI	233,485	158,701
BNY MELLON	SYMRISE AG	205,464	399,755
BNY MELLON	LINDE PLC	120,288	266,089
BNY MELLON	AIR LIQUIDE SA	164,691	303,227
BNY MELLON	L'OREAL SA	118,995	332,364
BNY MELLON	SCHNEIDER ELECTRIC SE	260,578	343,916
BNY MELLON	KONE OYJ	176,350	303,150
BNY MELLON	TEAMVIEWER AG	61,759	64,139
BNY MELLON	STANDARD CHARTERED PLC	451,933	353,102
BNY MELLON	ABCAM PLC	225,198	419,475
BNY MELLON	NETWORK INTERNATIONAL HOLDINGS	180,570	120,460
BNY MELLON	ENN ENERGY HOLDINGS LTD	60,289	62,375
BNY MELLON	AIA GROUP LTD	194,264	506,007
BNY MELLON	ALIBABA GROUP HOLDING LTD	713,044	792,187
BNY MELLON	TENCENT HOLDINGS LTD	304,617	414,607
BNY MELLON	NETEASE INC	220,242	342,167
BNY MELLON	BANK CENTRAL ASIA TBK PT	158,187	405,716
BNY MELLON	SHISEIDO CO LTD	328,051	317,939
BNY MELLON	MAKITA CORP	189,652	309,314
BNY MELLON	SYSMEX CORP	259,066	490,139
BNY MELLON	FANUC CORP	154,963	221,066
BNY MELLON	KEYENCE CORP	61,155	370,769
BNY MELLON	KUBOTA CORP	237,137	331,398
BNY MELLON	MISUMI GROUP INC	138,806	146,095
BNY MELLON	CD PROJEKT SA	391,937	279,492
BNY MELLON	DBS GROUP HOLDINGS LTD	315,141	330,665
BNY MELLON	BOEING CO/THE	283,769	304,393
BNY MELLON	GENERAL DYNAMICS CORP	133,750	130,664
BNY MELLON	HOWMET AEROSPACE INC	156,519	242,561
BNY MELLON	NORTHROP GRUMMAN CORP	116,756	118,536
BNY MELLON	NIKE INC	165,357	647,225
BNY MELLON	TAPESTRY INC	131,357	258,586
BNY MELLON	VF CORP	252,570	317,725
BNY MELLON	CUMMINS INC	127,625	178,046
BNY MELLON	ALLISON TRANSMISSION HOLDINGS	84,788	91,867
BNY MELLON	LEAR CORP	59,870	103,370
BNY MELLON	BANK OF AMERICA CORP	430,388	701,737
BNY MELLON	CITIGROUP INC	374,899	407,388
BNY MELLON	FIFTH THIRD BANCORP	110,844	163,104
BNY MELLON	FIRST REPUBLIC BANK/CA	381,531	841,321
BNY MELLON	GOLDMAN SACHS GROUP INC/THE	235,183	252,898
BNY MELLON	HDFC BANK LTD	363,034	653,303
BNY MELLON	HUNTINGTON BANCSHARES INC/OH	198,934	243,443
BNY MELLON	ICICI BANK LTD	245,281	467,198
BNY MELLON	ITAU UNIBANCO HOLDING SA	507,934	740,191
BNY MELLON	JPMORGAN CHASE & CO	727,585	849,082

ProMedica Health System, Inc. Cash Balance Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 34-1517671, Plan No. 001

December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Equity securities (continued):			
BNY MELLON	SVB FINANCIAL GROUP	135,610	425,062
BNY MELLON	TRUIST FINANCIAL CORP	401,384	474,076
BNY MELLON	COCA-COLA EUROPACIFIC PARTNERS	213,860	266,142
BNY MELLON	AMGEN INC	128,760	130,135
BNY MELLON	ILLUMINA INC	682,892	873,200
BNY MELLON	VERTEX PHARMACEUTICALS INC	594,865	773,541
BNY MELLON	CRH PLC	130,901	157,801
BNY MELLON	OWENS CORNING	230,876	287,433
BNY MELLON	DUPONT DE NEMOURS INC	458,815	436,402
BNY MELLON	FMC CORP	120,172	160,672
BNY MELLON	PPG INDUSTRIES INC	77,846	124,606
BNY MELLON	PAYPAL HOLDINGS INC	187,020	1,277,093
BNY MELLON	ROBERT HALF INTERNATIONAL INC	86,365	85,785
BNY MELLON	UNITED RENTALS INC	98,712	204,081
BNY MELLON	VERISK ANALYTICS INC	164,820	472,682
BNY MELLON	APPLE INC	297,219	982,968
BNY MELLON	COGNIZANT TECHNOLOGY SOLUTIONS	213,523	241,916
BNY MELLON	EPAM SYSTEMS INC	221,581	413,178
BNY MELLON	ESTEE LAUDER COS INC/THE	199,413	351,105
BNY MELLON	CME GROUP INC	412,398	448,025
BNY MELLON	MASTERCARD INC	149,268	675,330
BNY MELLON	CHARLES SCHWAB CORP/THE	182,597	277,930
BNY MELLON	TRADEWEB MARKETS INC	268,958	311,251
BNY MELLON	AERCAP HOLDINGS NV	71,157	74,523
BNY MELLON	CENTERPOINT ENERGY INC	165,178	189,415
BNY MELLON	EDISON INTERNATIONAL	278,521	267,111
BNY MELLON	VISTRA CORP	234,242	217,597
BNY MELLON	KROGER CO/THE	260,365	249,348
BNY MELLON	NESTLE SA	188,653	356,793
BNY MELLON	ALIGN TECHNOLOGY INC	230,406	555,221
BNY MELLON	AVANTOR INC	135,774	221,118
BNY MELLON	EDWARDS LIFESCIENCES CORP	316,369	341,565
BNY MELLON	INTUITIVE SURGICAL INC	299,118	331,331
BNY MELLON	THERMO FISHER SCIENTIFIC INC	346,520	458,328
BNY MELLON	MEDTRONIC PLC	309,748	384,336
BNY MELLON	ALCON INC	320,528	354,379
BNY MELLON	ANTHEM INC	376,513	507,001
BNY MELLON	UNITEDHEALTH GROUP INC	205,074	358,746
BNY MELLON	LENNAR CORP	138,835	197,817
BNY MELLON	AFLAC INC	154,605	188,553
BNY MELLON	AMERICAN INTERNATIONAL GROUP I	463,338	337,030
BNY MELLON	BERKSHIRE HATHAWAY INC	417,444	896,178
BNY MELLON	MARSH & MCLENNAN COS INC	90,390	110,448
BNY MELLON	PROGRESSIVE CORP/THE	307,737	391,169
BNY MELLON	EVEREST RE GROUP LTD	251,243	256,797
BNY MELLON	RENAISSANCE HOLDINGS LTD	111,861	102,311
BNY MELLON	CHUBB LTD	396,329	528,561
BNY MELLON	ALPHABET INC-CL A	339,452	476,718
BNY MELLON	ALPHABET INC-CL A	592,628	918,383
BNY MELLON	AMAZON.COM INC	335,614	501,567
BNY MELLON	EBAY INC	183,720	274,013
BNY MELLON	ETSY INC	363,217	505,976

ProMedica Health System, Inc. Cash Balance Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 34-1517671, Plan No. 001

December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
	Equity securities (continued):		
BNY MELLON	FACEBOOK INC	470,205	792,437
BNY MELLON	TRIP.COM GROUP LTD	336,379	316,927
BNY MELLON	YANDEX NV	105,362	300,586
BNY MELLON	HARLEY-DAVIDSON INC	177,294	230,182
BNY MELLON	LAS VEGAS SANDS CORP	184,211	207,885
BNY MELLON	WYNDHAM HOTELS & RESORTS INC	113,683	134,216
BNY MELLON	CATERPILLAR INC	237,966	357,305
BNY MELLON	DEERE & CO	311,637	478,102
BNY MELLON	DEERE & CO	292,692	463,842
BNY MELLON	DOVER CORP	115,152	182,305
BNY MELLON	OTIS WORLDWIDE CORP	106,992	128,683
BNY MELLON	WALT DISNEY CO/THE	205,957	362,722
BNY MELLON	PROTO LABS INC	231,571	353,280
BNY MELLON	KINROSS GOLD CORP	79,370	84,182
BNY MELLON	NEWMONT CORP	108,502	143,317
BNY MELLON	YAMANA GOLD INC	113,430	154,861
BNY MELLON	EATON CORP PLC	233,255	369,070
BNY MELLON	CANADIAN NATURAL RESOURCES LTD	104,974	140,644
BNY MELLON	CONOCOPHILLIPS	494,828	453,487
BNY MELLON	EXXON MOBIL CORP	506,744	370,691
BNY MELLON	MARATHON PETROLEUM CORP	440,092	326,165
BNY MELLON	PARSLEY ENERGY INC	161,997	197,053
BNY MELLON	PETROLEO BRASILEIRO SA	120,944	154,660
BNY MELLON	SCHLUMBERGER LTD	118,189	136,001
BNY MELLON	WESTROCK CO	100,401	117,270
BNY MELLON	ABBVIE INC	190,669	203,478
BNY MELLON	AMERISOURCEBERGEN CORP	234,563	263,463
BNY MELLON	CIGNA CORP	495,094	630,577
BNY MELLON	CVS HEALTH CORP	182,995	188,440
BNY MELLON	GLAXOSMITHKLINE PLC	213,250	171,010
BNY MELLON	JOHNSON & JOHNSON	771,677	880,069
BNY MELLON	MCKESSON CORP	282,210	314,273
BNY MELLON	NOVARTIS AG	378,683	430,884
BNY MELLON	PFIZER INC	334,625	377,707
BNY MELLON	VIATRIS INC	87,737	107,867
BNY MELLON	AUTOZONE INC	440,701	490,772
BNY MELLON	BEST BUY CO INC	165,467	243,388
BNY MELLON	LOWE'S COS INC	107,665	158,102
BNY MELLON	TJX COS INC/THE	133,916	193,056
BNY MELLON	WILLIAMS-SONOMA INC	47,852	105,710
BNY MELLON	APPLIED MATERIALS INC	218,666	390,508
BNY MELLON	KLA CORP	128,796	248,295
BNY MELLON	LAM RESEARCH CORP	250,289	488,799
BNY MELLON	MICRON TECHNOLOGY INC	241,643	382,516
BNY MELLON	NVIDIA CORP	134,228	376,506
BNY MELLON	ON SEMICONDUCTOR CORP	20,476	51,124
BNY MELLON	QORVO INC	108,356	196,531
BNY MELLON	NXP SEMICONDUCTORS NV	195,450	339,804
BNY MELLON	HUNTINGTON INGALLS INDUSTRIES	129,237	91,718
BNY MELLON	MICROSOFT CORP	74,136	468,417
BNY MELLON	ORACLE CORP	196,916	297,251
BNY MELLON	ROPER TECHNOLOGIES INC	95,599	286,244

ProMedica Health System, Inc. Cash Balance Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 34-1517671, Plan No. 001
December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Equity securities (continued):			
BNY MELLON	SS&C TECHNOLOGIES HOLDINGS INC	162,748	227,344
BNY MELLON	SALESFORCE.COM INC	232,161	334,463
BNY MELLON	SYNOPSYS INC	235,618	442,004
BNY MELLON	WORKDAY INC	231,351	334,975
BNY MELLON	STEEL DYNAMICS INC	154,007	172,404
BNY MELLON	CISCO SYSTEMS INC/DELAWARE	596,286	613,836
BNY MELLON	T-MOBILE US INC	304,807	381,626
BNY MELLON	MOHAWK INDUSTRIES INC	265,023	276,685
BNY MELLON	UNION PACIFIC CORP	147,724	194,894
BNY MELLON	LKQ CORP	164,317	183,178
Total equity securities		39,649,236	56,937,878
Mutual funds			
BNY MELLON	HARBOR INTERNATIONAL-INST	11,874,024	10,774,831
BNY MELLON	FIDELITY 500 INDEX-INST PRM	26,295,554	36,442,130
BNY MELLON	PIMCO ALL ASSET FUND-INST	18,093,726	18,725,631
Total mutual funds		56,263,304	65,942,592
Limited partnerships:			
BNY MELLON	FISHER INVESTMENTS EMERGING	6,290,281	11,314,405
BNY MELLON	BARING INTERNATIONAL SMALL CAP	9,868,600	11,332,047
BNY MELLON	PIMCO BRAVO II	222,241	1,966,568
Total limited partnerships		16,381,122	24,613,020
Common commingled funds:			
BNY MELLON	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	3,018,730	3,018,730
BNY MELLON	CTF SMID CAP RE POOL	14,020,518	21,466,539
BNY MELLON	LIGHTHOUSE GLOBAL LONG/SHORT	27,533,181	36,741,677
BNY MELLON	BAILLIE GIFFORD GLOBAL ALPHA	19,922,005	33,282,065
BNY MELLON	IR&M INTERMEDIATE CREDIT FUND	94,566,446	105,525,215
BNY MELLON	IR&M LONG CREDIT FUND LLC	132,717,094	168,260,046
Total common commingled funds		291,777,974	368,294,272
Fixed-Income Securities:			
BNY MELLON	U S TREASURY NOTE 1.875% 07/31/2022 DD 07/31/17	257,266	256,901
BNY MELLON	U S TREASURY NOTE 1.250% 07/31/2023 DD 07/31/16	257,061	257,120
BNY MELLON	U S TREASURY NOTE 1.750% 05/15/2022 DD 05/15/12	344,244	357,795
BNY MELLON	U S TREASURY NOTE 0.125% 08/31/2022 DD 08/31/20	1,298,832	1,300,104
BNY MELLON	U S TREASURY NOTE 0.250% 11/15/2023 DD 11/15/20	150,363	150,422
BNY MELLON	FIFTH THIRD AUTO TRUST 20 1 A3 2.640% 12/15/2023 DD 05/08/19	114,975	116,996

ProMedica Health System, Inc. Cash Balance Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i

EIN 34-1517671, Plan No. 001

December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fixed-income securities (continued):			
BNY MELLON	FORD CREDIT AUTO LEASE TR B A3 2.220% 10/15/2022 DD 07/30/19	169,970	171,573
BNY MELLON	FORD CREDIT AUTO OWNER TR B A4 2.240% 10/15/2024 DD 06/21/19	264,971	275,189
BNY MELLON	BA CREDIT CARD TRUST A1 A1 0.340% 05/15/2026 DD 12/17/20	99,977	100,122
BNY MELLON	SYNCHRONY CARD ISSUANCE T A1 A 3.380% 09/15/2024 DD 09/26/18	279,992	286,129
BNY MELLON	CNH EQUIPMENT TRUST 2018- B A3 3.190% 11/15/2023 DD 09/26/18	120,176	122,488
BNY MELLON	CNH EQUIPMENT TRUST 2019- A A4 3.220% 01/15/2026 DD 02/06/19	169,949	179,665
BNY MELLON	GENERAL DYNAMICS CORP 1.875% 08/15/2023 DD 08/12/16	259,995	259,265
BNY MELLON	AMERIPRISE FINANCIAL INC 3.000% 04/02/2025 DD 04/02/20	49,007	48,990
BNY MELLON	BANK OF AMERICA CORP VAR RT 01/20/2023 DD 01/20/17	150,251	154,307
BNY MELLON	BANK OF NEW YORK MELLON CORP/T 2.200% 08/16/2023 DD 08/16/16	67,698	68,090
BNY MELLON	BANK OF NOVA SCOTIA/THE 1.950% 02/01/2023 DD 01/10/20	206,382	206,548
BNY MELLON	CATERPILLAR FINANCIAL SERVICES 3.650% 12/07/2023 DD 12/07/18	274,913	274,138
BNY MELLON	CATERPILLAR FINANCIAL SERVICES 0.950% 05/13/2022 DD 05/15/20	151,359	151,347
BNY MELLON	JOHN DEERE CAPITAL CORP 1.950% 06/13/2022 DD 09/12/19	99,871	102,423
BNY MELLON	JPMORGAN CHASE & CO 3.250% 09/23/2022 DD 09/24/12	258,485	262,928
BNY MELLON	JPMORGAN CHASE & CO VAR RT 07/23/2024 DD 07/23/18	86,301	86,781
BNY MELLON	MORGAN STANLEY 2.750% 05/19/2022 DD 05/19/17	259,353	258,180
BNY MELLON	ROYAL BANK OF CANADA 3.700% 10/05/2023 DD 10/05/18	274,250	272,580
BNY MELLON	CHARLES SCHWAB CORP/THE 0.900% 03/11/2026 DD 12/11/20	74,909	75,960
BNY MELLON	SVENSKA HANDELSBANKEN AB 1.875% 09/07/2021 DD 09/07/16	239,163	252,850
BNY MELLON	TOYOTA MOTOR CREDIT CORP 2.600% 01/11/2022 DD 01/09/17	99,865	102,359
BNY MELLON	AIR PRODUCTS AND CHEMICALS INC 3.350% 07/31/2024 DD 07/31/14	76,439	76,325
BNY MELLON	LINDE INC/CT 2.200% 08/15/2022 DD 08/02/12	257,265	256,285
BNY MELLON	FRESB 2016-SB23 MORTG SB23 A5F VAR RT 09/25/2021 DD 10/01/16	206,854	215,316
BNY MELLON	WFRBS COMMERCIAL MORTGAG C6 A4 3.440% 04/15/2045 DD 04/01/12	105,155	104,931
BNY MELLON	CINTAS CORP NO 2 2.900% 04/01/2022 DD 03/14/17	258,675	257,320
BNY MELLON	LELAND STANFORD JUNIOR UNIVERS 6.875% 02/01/2024 DD 02/01/94	149,305	147,806
BNY MELLON	FHLMC MULTICLASS MTG 4180 CA 1.250% 04/15/2026 DD 03/01/13	77,410	77,910
BNY MELLON	FHLMC MULTICLASS MTG K050 A1 2.802% 01/25/2025 DD 11/01/15	73,956	77,081
BNY MELLON	FHLMC POOL #G1-4200 4.000% 06/01/2021 DD 07/01/11	5,275	5,254
BNY MELLON	FHLMC POOL #E0-2812 3.000% 01/01/2026 DD 01/01/11	39,673	40,279
BNY MELLON	FHLMC POOL #J3-2364 2.500% 11/01/2028 DD 07/01/15	149,951	153,991
BNY MELLON	FHLMC POOL #WN-1067 0.770% 10/01/2025 DD 12/01/20	95,746	95,705
BNY MELLON	FHLMC POOL #WN-1068 0.780% 10/01/2025 DD 12/01/20	85,707	85,667
BNY MELLON	FNMA POOL #0FM4965 2.000% 12/01/2035 DD 11/01/20	121,579	121,761
BNY MELLON	FNMA POOL #0MA0741 4.000% 05/01/2021 DD 04/01/11	4,552	4,531
BNY MELLON	FNMA GTD REMIC P/T 12-M1 A2 2.729% 10/25/2021 DD 01/01/12	69,353	70,303
BNY MELLON	FNMA GTD REMIC P/T 09-10 AB 5.000% 03/25/2024 DD 02/01/09	636	611
BNY MELLON	FNMA GTD REMIC P/T 09-88 HE 4.500% 11/25/2024 DD 10/01/09	2,421	2,299
BNY MELLON	PEPSICO INC 0.750% 05/01/2023 DD 05/01/20	84,832	86,212
BNY MELLON	GNMA POOL #0737260 3.500% 05/15/2025 DD 05/01/10	89,370	90,138
BNY MELLON	UNITEDHEALTH GROUP INC 2.875% 03/15/2023 DD 02/28/13	212,578	211,522
BNY MELLON	AVALONBAY COMMUNITIES INC 2.950% 09/15/2022 DD 09/13/12	220,997	233,501
BNY MELLON	ERP OPERATING LP 4.625% 12/15/2021 DD 12/12/11	156,734	154,323
BNY MELLON	INTERNATIONAL BUSINESS MACHINE 1.875% 08/01/2022 DD 07/30/12	498,315	513,855
BNY MELLON	ORACLE CORP 2.950% 11/15/2024 DD 11/09/17	271,915	271,990
BNY MELLON	TEXAS INSTRUMENTS INC 1.850% 05/15/2022 DD 05/06/16	502,450	510,025
BNY MELLON	FEDERAL FARM CR BK CONS BD 0.290% 11/02/2023 DD 11/02/20	500,000	499,890
BNY MELLON	FEDERAL HOME LN MTG CORP 0.450% 11/25/2024 DD 11/25/20	250,000	250,063
BNY MELLON	FEDERAL NATL MTG ASSN 0.500% 12/16/2024 DD 12/16/20	200,000	200,040
BNY MELLON	FEDERAL HOME LN MTG CORP 0.250% 06/26/2023 DD 06/26/20	500,300	501,085
BNY MELLON	FEDERAL HOME LN MTG CORP 0.250% 09/08/2023 DD 09/04/20	500,320	500,970

ProMedica Health System, Inc. Cash Balance Retirement Plan

Schedule of Assets Held at End of Year

Form 5500, Schedule H, Line 4i
EIN 34-1517671, Plan No. 001
December 31, 2020

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
Fixed-income securities (Continued):			
BNY MELLON	BALTIMORE GAS AND ELECTRIC CO 3.350% 07/01/2023 DD 06/17/13	160,316	159,908
BNY MELLON	DUKE ENERGY PROGRESS LLC 2.800% 05/15/2022 DD 05/18/12	256,523	256,903
BNY MELLON	DTE ELECTRIC CO 3.900% 06/01/2021 DD 05/18/11	219,666	201,138
BNY MELLON	NATIONAL RURAL UTILITIES COOPE 2.300% 09/15/2022 DD 08/30/17	189,489	196,008
BNY MELLON	NSTAR ELECTRIC CO 2.375% 10/15/2022 DD 10/15/12	507,860	515,075
BNY MELLON	ONCOR ELECTRIC DELIVERY CO LLC 4.100% 06/01/2022 DD 05/18/12	103,812	104,214
BNY MELLON	NSTAR ELECTRIC CO 3.500% 09/15/2021 DD 09/16/11	168,853	167,308
Total fixed-income securities		\$ 13,453,860	\$ 13,568,793
Total		\$ 417,525,496	\$ 529,356,555

Schedule SB, Line 24 – Change in Actuarial Assumptions
ProMedica Health System, Inc. Cash Balance Retirement Plan
January 1, 2020 Valuation
EIN/PN: 34-1517671 / 001

Changes in Assumptions
and Methods since the
Last Actuarial Valuation

The interest rates used for determining the funding target were 3.74%, 5.35% and 6.11%. These rates were updated to the rates required for the current plan year.

The Cash Balance Index was 3.36% for funding purposes. This is not a change in assumption methodology.

The mortality table for the funding target was changed as required under PPA '06.

Justification for Changes
in Actuarial Assumptions

The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."