

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>07/01/2021</u> and ending <u>06/30/2022</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) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan <u>UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>07/01/1994</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>UNISON HEALTH BEHAVIORAL HEALTH GROUP INC. DBA UNISON HEALTH</u> <u>P.O. BOX 10015</u> <u>TOLEDO, OH 43699-0015</u>
2b	Employer Identification Number (EIN) <u>34-1103536</u>
2c	Plan Sponsor's telephone number <u>419-936-7560</u>
2d	Business code (see instructions) <u>621330</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.	03/01/2023	JAMIE HAACK
	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 (2021)
v. 210624

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	324
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)	194
a(2) Total number of active participants at the end of the plan year		6a(2)	175
b Retired or separated participants receiving benefits.....		6b	4
c Other retired or separated participants entitled to future benefits		6c	149
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	328
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	328
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	317
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: 2L			
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>3</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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNISON HEALTH BEHAVIORIAL HEALTH GROUP INC. DBA UNISON HEALTH	D Employer Identification Number (EIN) 34-1103536

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	664183		07/01/2021	06/30/2022

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

(a) Total amount of commissions paid 718	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TOBIAS P CARDONE
2760 CENTENNIAL ROAD
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
718			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 684165**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 672052**c** Additions: (1) Contributions deposited during the year **7c(1)** 53443
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 6683
(4) Transferred from separate account..... **7c(4)**
(5) Other (specify below) **7c(5)** 2554▶ **LOAN REPAYMENTS**(6) Total additions **7c(6)** 62680**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 734732**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 50567
(2) Administration charge made by carrier..... **7e(2)**
(3) Transferred to separate account..... **7e(3)**
(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 50567**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 684165

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNISON HEALTH BEHAVIORIAL HEALTH GROUP INC. DBA UNISON HEALTH	D Employer Identification Number (EIN) 34-1103536

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

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0828998	33	07/01/2021	06/30/2022

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	474216
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	325328

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

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

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

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

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

b	Balance at the end of the previous year	7b	522510
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c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	21872	
	(4) Transferred from separate account.....	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			

(6) Total additions	7c(6)	21872
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d Total of balance and additions (add lines 7b and 7c(6))	7d	544382
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	66333	
	(2) Administration charge made by carrier.....	7e(2)	189	
	(3) Transferred to separate account.....	7e(3)	364	
	(4) Other (specify below)	7e(4)	3280	
	▶ MISCELLANEOUS			

(5) Total deductions	7e(5)	70166
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	474216
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022	
A Name of plan UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNISON HEALTH BEHAVIORIAL HEALTH GROUP INC. DBA UNISON HEALTH	D Employer Identification Number (EIN) 34-1103536

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

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6035	18	07/01/2021	06/30/2022

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

(a) Total amount of commissions paid 136	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TOBIAS P CARDONE
2760 CENTENNIAL ROAD
TOLEDO, OH 43617

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
136			3

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	25481
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	92615

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year**7b**

24636

c Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

845

(4) Transferred from separate account.....

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

845

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

25481

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account.....

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

0

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

25481

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

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
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022		
A Name of plan UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNISON HEALTH BEHAVIORAL HEALTH GROUP INC. DBA UNISON HEALTH	D Employer Identification Number (EIN) 34-1103536	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VOYA RETIREMENT INSURANCE & ANNUITY
71-0294708

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

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

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

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

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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?
64	SERVICE PROVIDER	450	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

TOBIAS P CARDONE

2760 CENTENNIAL ROAD
TOLEDO, OH 43617

(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?
55	BROKER/DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	10221	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
TOBIAS P CARDONE	55	10221

(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.
VOYA FINANCIAL PARTNERS 06-1371577	OTHER COMMISSIONS

(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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan <u>UNISON BEHAVIORAL HEALTH GROUP 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>UNISON HEALTH BEHAVIORAL HEALTH GROUP INC. DBA UNISON HEALTH</u>	D Employer Identification Number (EIN) <u>34-1103536</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VARIABLE ANNUITY ACCOUNT D</u>		
b Name of sponsor of entity listed in (a): <u>VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY</u>		
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>92615</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE VARIABLE ANNUITY ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>METROPOLITAN LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-5581829-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>325328</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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning **07/01/2021** and ending **06/30/2022**

A Name of plan UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNISON HEALTH BEHAVIORAL HEALTH GROUP INC. DBA UNISON HEALTH	D Employer Identification Number (EIN) 34-1103536

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	56017	66016
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10519336	9693572
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1219198	1183862
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	11794551 10943450
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	11794551 10943450

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	297041
	(B) Participants	2a(1)(B)	651969
	(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)	949010
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	2685
	(F) Other	2b(1)(F)	29400
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	32085
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1057603
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1057603
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-75142
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-2446780
c Other income.....	2c		-3280
d Total income. Add all income amounts in column (b) and enter total.....	2d		-486504
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	363663	
(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)		363663
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	934	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		934
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		364597
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-851101
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: REHMANN ROBSON LLC

(2) EIN: 38-3635706

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		500000
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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
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 _____.			

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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 07/01/2021 and ending 06/30/2022

A Name of plan UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNISON HEALTH BEHAVIORAL HEALTH GROUP INC. DBA UNISON HEALTH	D Employer Identification Number (EIN) 34-1103536

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	
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): 71-0294703		
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	

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) 2021
v. 201209

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 _____

Unison Behavioral
Health Group
Retirement Plan



Years Ended
June 30,
2022 and 2021

Financial
Statements
and
Supplemental
Information

Rehmann

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

February 22, 2023

Plan Administrator
Unison Behavioral Health Group Retirement Plan
Toledo, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We have performed an audit of the financial statements of ***Unison Behavioral Health Group Retirement Plan*** (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of June 30, 2022, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements (“2022 financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certifications from the qualified institutions as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.



Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Independent Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis method of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to the matter.
- The information in the accompanying 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Independent Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis method of accounting is an acceptable basis for the preparation of the financial statements in the circumstances, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Independent Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an independent auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis method of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis method of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2022 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2022 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Independent Auditors' Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated March 1, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Rehmann Lohman LLC

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Statements of Net Assets Available for Benefits

(Modified Cash Basis Method of Accounting)

	June 30	
	2022	2021
ASSETS		
Investments		
Mutual funds at fair value	\$ 9,693,572	\$ 10,519,335
Fully benefit-responsive investment contracts with insurance companies at contract value	<u>1,183,862</u>	<u>1,219,199</u>
Total investments	10,877,434	11,738,534
Notes receivable from participants	<u>66,016</u>	<u>56,017</u>
Total assets (equal to net assets available for benefits)	<u>\$ 10,943,450</u>	<u>\$ 11,794,551</u>

The accompanying notes are an integral part of these financial statements.

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

(Modified Cash Basis Method of Accounting)

	Year Ended June 30	
	2022	2021
Additions to net assets attributed to		
Contributions		
Employer	\$ 297,041	\$ 245,691
Participant	651,969	594,013
Rollover	-	30,177
	<u>949,010</u>	<u>869,881</u>
Interest income		
Investment contracts with insurance companies	29,400	29,313
Notes receivable from participants	2,685	3,982
	<u>32,085</u>	<u>33,295</u>
Total additions	<u>981,095</u>	<u>903,176</u>
Deductions from net assets attributed to		
Benefits paid to participants	363,663	837,177
Deemed distributions of notes receivable from participants	-	1,236
Administrative expenses	934	690
	<u>364,597</u>	<u>839,103</u>
Total deductions	<u>364,597</u>	<u>839,103</u>
Net (depreciation) appreciation in fair value of mutual funds	<u>(1,467,599)</u>	<u>2,612,356</u>
Net (decrease) increase	(851,101)	2,676,429
Net assets available for benefits		
Beginning of year	<u>11,794,551</u>	<u>9,118,122</u>
End of year	<u><u>\$ 10,943,450</u></u>	<u><u>\$ 11,794,551</u></u>

The accompanying notes are an integral part of these financial statements.

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of the *Unison Behavioral Health Group 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.

Description of the Plan

General

The Plan is a defined contribution plan covering employees of *Unison Behavioral Health Group, Inc.* (the “Company”) who work 20 or more hours per week. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Risks and Economic Uncertainties

The Plan invests in insurance company contracts and mutual funds with the underlying assets consisting of any combination of stocks, bonds, fixed income securities, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Contributions

Within certain limitations, upon hire, participants may contribute annual compensation as defined in the Plan agreement up to the maximum allowed by the Internal Revenue Code (“IRC”). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also allows participants to make rollover contributions from other qualified retirement plans.

Participants are eligible for discretionary Company contributions once they have completed six months of continuous service. Eligible participants’ entry dates for Company contributions are January 1 and July 1 immediately following the date the employee meets the eligibility criteria. The Company made discretionary matching contributions of 100% of participant deferrals up to 1% of a participant’s eligible compensation, until January 1, 2021, at which point the Board of Directors elected to increase discretionary matching contributions to 100% of participant deferrals up to 2% of a participant’s eligible compensation. In addition, the Company made discretionary nonelective contributions of 1% of each participant’s eligible compensation in 2022 and 2021. Company contributions are subject to certain IRC limitations.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

The Plan offers mutual funds and investment contracts with insurance companies as investment options for participants, which are part of group annuity contracts offered by Voya Retirement Insurance and Annuity Company ("VRIAC"), the trustee of the Plan. Participants direct the investment of contributions into various VRIAC investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's discretionary matching contributions (when made), the Company's discretionary nonelective contributions (when made), earnings based on the performance of the investment options selected by the participant and is charged with administrative expenses. Participants who initiate a loan are charged a fee for that transaction. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are fully vested in their account balances at all times.

Notes Receivable from Participants

Participants may borrow from their accounts upon approval of the Plan Administrator. The notes may not be made for less than \$1,000 or exceed the lesser of 50% of a participant's account balance or \$50,000, reduced by the excess of the highest amount of outstanding notes receivable balances to the participant for the previous 12 month period over the outstanding balances of notes receivable to the participant on the date the note is made. The notes taken from balances held by VRIAC, the trustee of the plan, may not exceed five years unless the note is used to acquire a principal residence, in which case the term may not exceed a reasonable time period determined at the time the note is made. Notes bear a reasonable rate of interest, ranging from 4.25% to 6.50%, and participants are limited to having one note outstanding from VRIAC. The notes receivable are secured by the balance in the participant's account.

Principal and interest is either paid directly to the trustee by the participant or is paid ratably through payroll deductions. As the notes receivable are repaid, the amounts are allocated to the investment funds according to the participant's most recent election with respect to current contributions.

Payment of Benefits

The Plan provides that upon retirement, death, disability or termination, participants can receive a lump-sum payment. If a participant's account balance is \$1,000 or less, payment will be made in an immediate lump-sum without the participant's consent. Normal retirement age is 65 years of age. The normal retirement date is the first day of the month coinciding with or next following a participant reaching normal retirement age. In-service withdrawal of balances may be elected by participants who have reached 59½ years of age. The Plan also permits withdrawals of active participants' elective contributions, and earnings thereon, only in amounts necessary to satisfy financial hardship as defined by the Plan agreement.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

Administrative Expenses

The Plan's administrative expenses, including salaries related to Plan administration, and audit and legal fees are paid by the Company and qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Fees for trustee, custodial and record keeping services are paid by the Plan and are included as a reduction of net appreciation in fair value of mutual funds in the statements of changes in net assets available for benefits. Participants are charged directly for account and loan maintenance fees.

Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the modified cash basis method of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). Consequently, certain revenues and related assets are recognized when received rather than when earned and certain expenses are recognized when paid rather than when the obligation is incurred.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the contracts.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis method of accounting requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor, trustee and custodian. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded when received. The net (depreciation) appreciation in fair value of mutual funds includes interest and dividends related to these investments as well as the change in fair value of such investments bought and sold as well as held during the year.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, such management fees and operating expenses are reflected as a reduction of net appreciation or an addition to net depreciation in the aggregate fair value of mutual funds.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2022 and 2021. If a participant ceases to make loan repayments and the Plan Administrator deems the note receivable to be in default, according to the terms of the Plan agreement, the participant note receivable is reduced and a benefit payment is recorded.

Contributions

Contributions are recorded by the Plan when received.

Benefits Paid to Participants

Benefits paid to participants are recorded when paid.

Subsequent Events

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to June 30, 2022, the most recent statement of net assets available for benefits presented herein, through February 22, 2023, the date these financial statements were available to be issued. No significant events or transactions of this nature were identified.

2. INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, VRIAC, trustee of the Plan, and Metropolitan Life Insurance Company ("MetLife"), custodian of certain Plan assets, have certified the completeness and accuracy of the investment information reflected in (1) the accompanying statements of net assets available for benefits as of June 30, 2022 and 2021, (2) the June 30, 2022, schedule of assets (held at end of year), (3) the related investment activity reflected in the statements of changes in net assets available for benefits during 2022 and 2021, and (4) the information presented in Note 4. VRIAC and MetLife have also certified the completeness and accuracy of notes receivable from participants and the related interest income as of and for the fiscal years ended June 30, 2022 and 2021.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

3. FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodology used for assets measured at fair value. For financial assets recorded at fair value, the description includes an indication of the level of the fair value hierarchy in which the assets are classified. There have been no changes in the methodology used at June 30, 2022 and 2021.

Mutual funds : Shares held in mutual funds are valued at quoted market prices that represent the net asset value ("NAV") of shares held by the Plan at year end and are classified as Level 1. The NAV is based on the value of underlying assets owned by the fund, less its liabilities, then divided by the number of shares outstanding. Mutual funds held by the Plan are open-end mutual funds that registered with the SEC. These funds are required to publish their daily NAV and to transact at that price and, therefore, are deemed to be actively traded.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes the valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at June 30:

2022	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 9,693,572	\$ -	\$ -	\$ 9,693,572
2021	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 10,519,335	\$ -	\$ -	\$ 10,519,335

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no transfers of assets into or out of Level 3 in 2022 and 2021.

4. INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan has entered into fully benefit-responsive investment contracts with VRIAC to invest in the Voya Fixed Plus Account, which is backed by VRIAC's general account, and the Guaranteed Accumulation Account, which is backed by a nonunitized separate account. The Plan has also entered into a fully benefit-responsive investment contract with MetLife to invest in the MetLife Fixed Interest Account, which is backed by MetLife's general account. These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the contracts. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a position of their investment at contract value.

The traditional investment contracts held and owned by the Plan are guaranteed investment contracts. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The minimum guaranteed interest rate credited annually ranges from 1% to 3% for the VRIAC accounts and 3% for the MetLife account, for the life of the contracts.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include:

- 1) Amendments to the Plan documents (including complete or partial Plan termination or merger with another plan),
- 2) Changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions,
- 3) Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or;
- 4) The failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The Plan Administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

The guaranteed investment contracts do not permit the insurance companies to terminate the agreements prior to the scheduled maturity dates.

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by VRIAC, Voya Financial, an affiliate of VRIAC, and MetLife. VRIAC is the trustee of the Plan and MetLife is the custodian of certain Plan assets and, therefore, related transactions qualify as party-in-interest. Trustee, custodial and record keeping fees are paid by the Plan and netted with net appreciation in fair value of mutual funds in the statements of changes in net assets available for benefits. Participant account and loan maintenance fees are paid by the Plan and reported as administrative expenses in the statements of changes in net assets available for benefits.

6. TAX STATUS

Under Section 403(b) of the IRC, the Plan and the trust established thereunder are not subject to federal income tax. The Plan Administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

The Plan Administrator has considered the tax positions taken by the Plan and has concluded that, as of June 30, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. While the Plan may be subject to routine audits by taxing jurisdictions, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for fiscal years prior to June 30, 2019.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

■ ■ ■ ■ ■

**SUPPLEMENTAL INFORMATION
AS OF JUNE 30, 2022**

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

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

(Modified Cash Basis Method of Accounting)

June 30, 2022

Plan #001

EIN 34-1103536

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Mutual Funds		
	Alger	Alger Sm Cap Growth Prt, 57 shares	\$ 1,273
	Alliance Bernstein	AB Global Bond Fund I, 3,055 shares	22,516
	American Century Investments	Amer Cent Infl-Adjust Bond Fnd, 10,766 shares	123,704
	American Funds	Amer Funds Grt-Inc Fund, 27 shares	8,155
	American Funds	Amer Funds Growth Fund, 57 shares	31,267
	American Funds	American Funds Cap Wld G&I R3, 2,640 shares	130,060
	American Funds	American Funds EuroPacific Grw R3, 2,143 shares	100,419
	American Funds	American Funds EuroPacific Grw R4, 37 shares	942
	American Funds	American Funds Growth Fnd R3, 7,519 shares	378,141
	American Funds	American Funds Wash Mutual Inv R3, 8,861 shares	444,621
	Delaware Funds	DIwr Small Cap Value Fund A, 280 shares	17,741
	DWS	Deutsche CROCI, 251 shares	2,166
	Fidelity Investments	Fidelity Contra Fund, 1,814 shares	99,750
	Fidelity Investments	Fidelity Growth, 218 shares	11,610
	Fidelity Investments	Fid Index 500, 865 shares	41,521
	Fidelity Investments	Fidelity Adv New Insights Fund I, 18,878 shares	561,631
	Fidelity Investments	Fidelity VIP Contrafund Port I, 162 shares	15,106
	Fidelity Investments	Fidelity VIP Eqty-Income Port I, 52 shares	2,816
	Fidelity Investments	Fidelity VIP Growth Portfolio I, 138 shares	10,751
	Invesco	Inv Dev Mrkts Fd A, 1,862 shares	66,429
	Invesco	Invesco Diversified Dividend Fund A, 9,126 shares	166,270
	Invesco	Invesco VI Core Equity Fund SI, 151 shares	3,589
*	MetLife	Government Money Market, 18 shares	118
*	MetLife	MetLife Mid Cap Stk Ind, 17 shares	759
*	MetLife	MetLife MSCI EAFE Index, 77 shares	1,298
*	MetLife	MetLife Agg Bond Index, 320 shares	5,458
*	MetLife	Stock Index, 281 shares	36,597
	Metropolitan West Funds	Metropolitan West Total Rtrn Bd Fd M, 2,150 shares	20,512
	Parnassus	Parnassus Core Equity Fund Inv, 2,598 shares	131,279
	PGIM Funds	Jennison Growth, 48 shares	1,340
	PIMCO	PIMCO Total Return, 102 shares	1,907
	PIMCO	PIMCO High Yield Fund A, 4,433 shares	33,644
	T. Rowe Price	TRowe Price LrgCap Valu, 1,082 shares	80,693
*	Voya	Voya Balanced Portfolio I, 103 shares	3,842
*	Voya	Voya Govt Money Market Portfolio I, 3 shares	47
*	Voya	Voya Index Plus LargeCap Portfolio I, 44 shares	2,834
*	Voya	Voya Intermediate Bond Fund A, 13,956 shares	124,765
*	Voya	Voya Intermediate Bond Port I, 65 shares	1,674
*	Voya	Voya Large Cap Growth Port Inst, 82 shares	2,836
*	Voya	Voya Large Cap Growth Port Srv, 15,613 shares	236,699
*	Voya	Voya Large Cap Value Port Inst, 277 shares	6,348
*	Voya	Voya MidCap Opportunities Port I, 17,042 shares	216,867
*	Voya	Voya Russell Lrg Cap Index Port I, 7,536 shares	195,783
*	Voya	Voya Russell Lrg Cp Grw Ind Port I, 24 shares	1,442
*	Voya	Voya Russell Mid Cap Index Port I, 20,619 shares	211,964

Continued

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

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

(Modified Cash Basis Method of Accounting)

June 30, 2022

Plan #001

EIN 34-1103536

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Mutual Funds		
*	Voya	Voya Russell Sm Cp Index Port I, 5,181 shares	\$ 62,950
*	Voya	Voya Small Company Portfolio I, 16 shares	1,205
*	Voya	Voya SmallCap Opportunities Prt I, 5,805 shares	116,328
*	Voya	Voya Solution 2025 Portfolio I, 13,179 shares	141,408
*	Voya	Voya Solution 2025 Portfolio Srv, 157 shares	3,195
*	Voya	Voya Solution 2030 Portfolio I, 887 shares	13,648
*	Voya	Voya Solution 2035 Portfolio I, 2,543 shares	27,952
*	Voya	Voya Solution 2035 Portfolio Srv, 93 shares	2,081
*	Voya	Voya Solution 2040 Portfolio I, 1,329 shares	21,670
*	Voya	Voya Solution 2045 Portfolio I, 2,266 shares	24,606
*	Voya	Voya Solution 2050 Portfolio I, 851 shares	14,350
*	Voya	Voya Solution 2055 Portfolio I, 4,149 shares	51,532
*	Voya	Voya Solution 2060 Portfolio I, 783 shares	9,453
*	Voya	Voya Solution Income Prt I, 15,647 shares	177,440
*	Voya	VoyIntlHiDivLowVol Port-In, 286 shares	3,184
*	Voya	VY AmCen Sm-Md Cp Val Port Srv, 743 shares	10,022
*	Voya	VY Clarion Real Estate Port Srv, 1,131 shares	40,059
*	Voya	VY Inv Glob Portf - Init Cl, 10,477 shares	188,781
*	Voya	VY Invesco Eqty & Inc Port I, 113 shares	3,184
*	Voya	VY JPMorgan Sm Cp Core Eq Prt Srv, 1,229 shares	20,069
*	Voya	VY TRowePrice Captl Apprec Pt Srv, 181,298 shares	5,118,030
*	Voya	VY TRowePrice Divr MdCp Gr Pt I, 7,147 shares	80,546
*	Voya	VY TRowePrice Eqty Income Pt Srv, 31 shares	1,278
	Western Asset Mortgage	Wstrn Asst Mgt Strag Bd, 42 shares	1,417
	Total mutual funds		9,693,572
	Fully Benefit-Responsive Investment		
	Contracts with Insurance Companies		
*	Voya Retirement Insurance and Annuity Company	Guaranteed Accumulation Account, 3% interest as of June 30, 2022	25,481
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Plus Accounts, 1% and 3% interest as of June 30, 2022	684,165
*	Metropolitan Life Insurance Company	Fixed Interest Account, 3% interest as of June 30, 2022	474,216
	Total fully benefit-responsive investment contracts with insurance companies		1,183,862
	Total investments		10,877,434
*	Notes receivable from participants	Maturing through April 2031, interest rates from 4.25% to 6.50%, secured by participant account balances	66,016
	Total		\$ 10,943,450

(a) An asterisk in this column identifies a person known to be a party-in-interest.

The above information has been certified by Voya Retirement Insurance and Annuity Company, trustee of the Plan, and Metropolitan Life Insurance Company, custodian of certain Plan assets, as complete and accurate.

Attachment to 2021 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Unison Behavioral Health Group, Inc
EIN 001
Plan 34-1103536
As of 06-30-2022

(a) (b) Identity of issue, borrower, lessor or similar par collateral, par, or maturity date		(c) Description of investments including maturity date, rate of interest,	(d) Cost	(e) Current Value
	AB Global Bond Fund I	Registered Investment Company		\$22,516
	Alger Sm Cap Growth	Registered Investment Company		\$1,273
	AmCen Infl-Adj Bond Fnd Inv	Registered Investment Company		\$123,704
	American Funds Cap Wld G&I	Registered Investment Company		\$130,060
	American Funds EuroPacific	Registered Investment Company		\$101,362
	American Funds Growth Fund	Registered Investment Company		\$409,409
	American Funds Grt-Inc Fund	Registered Investment Company		\$8,155
	American Funds Wash Mutual	Registered Investment Company		\$444,621
	Dlwr Small Cap Value Fund A	Registered Investment Company		\$17,740
	DWS CROCI International	Registered Investment Company		\$2,166
	Fidelity Adv Nw Insight Fd I	Registered Investment Company		\$561,631
	Fidelity Contra Fund	Registered Investment Company		\$99,750
	Fidelity Growth	Registered Investment Company		\$11,610
	Fidelity Index 500	Registered Investment Company		\$41,521
	Fidelity VIP Contrafund Portfolio	Registered Investment Company		\$15,106
	Fidelity VIP Equity-Income Port	Registered Investment Company		\$2,816
	Fidelity VIP Growth Portfolio	Registered Investment Company		\$10,751
	Government Money Market	Registered Investment Company		\$118
	Inv Dev Mrkts Fd A	Registered Investment Company		\$66,429
	Invesco Divrsd Dividend Fd A	Registered Investment Company		\$166,270
	Invesco VI Core Equity Fund	Registered Investment Company		\$3,589
	Jennison Growth	Registered Investment Company		\$1,340
	Met Agg Bond Index	Registered Investment Company		\$5,458
	MetLife Fixed Interest Account	Insurance Company General Account		\$474,216
	MetLife MidCap Stock Index	Registered Investment Company		\$758
	MetLife MSCI EAFA Index	Registered Investment Company		\$1,298
	Metropitn West Tot Rtn Bd Fd M	Registered Investment Company		\$20,512
	Parnassus Core Equity FundSM	Registered Investment Company		\$131,279
	PIMCO High Yield Fund A	Registered Investment Company		\$33,644
	TRowe Price LrgCap Value	Registered Investment Company		\$80,693
	PIMCO Total Return	Registered Investment Company		\$1,907
	Stock Index	Registered Investment Company		\$36,597
*	Voya Balanced Portfolio I	Registered Investment Company		\$3,842
*	Voya Fixed Plus Account III	Insurance Company General Account		\$684,165
^	Voya Fixed Plus Account (4564)	Insurance Company General Account		\$14,506
*	Voya Govt Money Market Portfolio	Registered Investment Company		\$47
*	Voya Index Plus LargeCap Portfolio I	Registered Investment Company		\$2,834
*	Voya Intermediate Bond Fund A	Registered Investment Company		\$126,439
^	Voya Intl HiDivLowVol Portfolio	Registered Investment Company		\$3,184
*	Voya Large Cap Growth Portfolio	Registered Investment Company		\$239,536
*	Voya Large Cap Value Portfolio	Registered Investment Company		\$6,348
*	Voya Mid Cap Opport Port I	Registered Investment Company		\$216,867
*	Voya Russell LgCp Indx Prt I	Registered Investment Company		\$197,225
*	Voya Russell MdCp Indx Prt I	Registered Investment Company		\$211,964
*	Voya Russell SmCp Indx Prt I	Registered Investment Company		\$62,950
*	Voya Short-Term GAA (4555)	Insurance Company General Account		\$10,975
*	Voya SmCp Opport Port I	Registered Investment Company		\$115,960
*	Voya Small Company Portfolio I	Registered Investment Company		\$1,573
*	Voya Solution Income Portfolio	Registered Investment Company		\$177,440
*	Voya Solution 2025 Portfolio	Registered Investment Company		\$144,603
*	Voya Solution 2030 Portfolio	Registered Investment Company		\$13,648
*	Voya Solution 2035 Portfolio	Registered Investment Company		\$30,033
*	Voya Solution 2040 Portfolio	Registered Investment Company		\$21,670
*	Voya Solution 2045 Portfolio	Registered Investment Company		\$24,606
*	Voya Solution 2050 Portfolio	Registered Investment Company		\$14,350
*	Voya Solution 2055 Portfolio	Registered Investment Company		\$51,532
*	Voya Solution 2060 Portfolio	Registered Investment Company		\$9,453
*	VY AmCen Sm-MdCp VI Pt Srv	Registered Investment Company		\$10,022
*	VY CBRE RI Estate Prt Srv	Registered Investment Company		\$40,059
*	VY Invesco Equity & Inc. Port	Registered Investment Company		\$3,184
*	VY Inv Glob Portf - Init Cl	Registered Investment Company		\$188,781
*	VY JPM SmCp Cr Eq Port Srv	Registered Investment Company		\$20,069
*	VY TRwPr Cap Apprec Port Srv	Registered Investment Company		\$5,118,030
*	VY TRwPr Divr MdCp Gr Pt I	Registered Investment Company		\$80,546
*	VY TRwPr Equity Income Pt	Registered Investment Company		\$1,278
	Western Asset Mgt Strag Bd	Registered Investment Company		\$1,415
	Loan Fund	Participant Loans - Rates 4.25% - 6.50%		\$66,016
	TOTALS			\$10,943,450

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

Unison Behavioral
Health Group
Retirement Plan



Years Ended
June 30,
2022 and 2021

Financial
Statements
and
Supplemental
Information

Rehmann

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

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INDEPENDENT AUDITORS' REPORT

February 22, 2023

Plan Administrator
Unison Behavioral Health Group Retirement Plan
Toledo, Ohio

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements

We have performed an audit of the financial statements of ***Unison Behavioral Health Group Retirement Plan*** (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), as permitted by ERISA Section 103(a)(3)(C) (“ERISA Section 103(a)(3)(C) audit”). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of June 30, 2022, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended, and the related notes to the financial statements (“2022 financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2022 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (“investment information”) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (“qualified institution”).

Management has obtained certifications from the qualified institutions as of and for the year ended June 30, 2022, stating that the certified investment information, as described in Note 2 to the financial statements, is complete and accurate.



Opinion on the 2022 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Independent Auditors' Responsibilities for the Audit of the 2022 Financial Statements section:

- The amounts and disclosures in the accompanying 2022 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis method of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to the matter.
- The information in the accompanying 2022 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2022 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Independent Auditors' Responsibilities for the Audit of the 2022 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2022 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 1; this includes determining that the modified cash basis method of accounting is an acceptable basis for the preparation of the financial statements in the circumstances, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Independent Auditors' Responsibilities for the Audit of the 2022 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2022 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an independent auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the 2022 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis method of accounting.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis method of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters

2022 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of June 30, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the 2022 financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by institutions that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Independent Auditors' Report on the 2021 Financial Statements

We were engaged to audit the 2021 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated March 1, 2022, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2021 financial statements, and (b) the form and content of the information included in the 2021 financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Rehmann Lohman LLC

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Statements of Net Assets Available for Benefits

(Modified Cash Basis Method of Accounting)

	June 30	
	2022	2021
ASSETS		
Investments		
Mutual funds at fair value	\$ 9,693,572	\$ 10,519,335
Fully benefit-responsive investment contracts with insurance companies at contract value	<u>1,183,862</u>	<u>1,219,199</u>
Total investments	10,877,434	11,738,534
Notes receivable from participants	<u>66,016</u>	<u>56,017</u>
Total assets (equal to net assets available for benefits)	<u>\$ 10,943,450</u>	<u>\$ 11,794,551</u>

The accompanying notes are an integral part of these financial statements.

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

(Modified Cash Basis Method of Accounting)

	Year Ended June 30	
	2022	2021
Additions to net assets attributed to		
Contributions		
Employer	\$ 297,041	\$ 245,691
Participant	651,969	594,013
Rollover	-	30,177
	<u>949,010</u>	<u>869,881</u>
Interest income		
Investment contracts with insurance companies	29,400	29,313
Notes receivable from participants	2,685	3,982
	<u>32,085</u>	<u>33,295</u>
Total additions	<u>981,095</u>	<u>903,176</u>
Deductions from net assets attributed to		
Benefits paid to participants	363,663	837,177
Deemed distributions of notes receivable from participants	-	1,236
Administrative expenses	934	690
	<u>364,597</u>	<u>839,103</u>
Total deductions	<u>364,597</u>	<u>839,103</u>
Net (depreciation) appreciation in fair value of mutual funds	<u>(1,467,599)</u>	<u>2,612,356</u>
Net (decrease) increase	(851,101)	2,676,429
Net assets available for benefits		
Beginning of year	<u>11,794,551</u>	<u>9,118,122</u>
End of year	<u><u>\$ 10,943,450</u></u>	<u><u>\$ 11,794,551</u></u>

The accompanying notes are an integral part of these financial statements.

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

1. DESCRIPTION OF THE PLAN AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following description of the *Unison Behavioral Health Group 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.

Description of the Plan

General

The Plan is a defined contribution plan covering employees of *Unison Behavioral Health Group, Inc.* (the “Company”) who work 20 or more hours per week. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Risks and Economic Uncertainties

The Plan invests in insurance company contracts and mutual funds with the underlying assets consisting of any combination of stocks, bonds, fixed income securities, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the fair values of investment securities will occur in the near term and that such changes could materially affect participants’ account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Contributions

Within certain limitations, upon hire, participants may contribute annual compensation as defined in the Plan agreement up to the maximum allowed by the Internal Revenue Code (“IRC”). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan also allows participants to make rollover contributions from other qualified retirement plans.

Participants are eligible for discretionary Company contributions once they have completed six months of continuous service. Eligible participants’ entry dates for Company contributions are January 1 and July 1 immediately following the date the employee meets the eligibility criteria. The Company made discretionary matching contributions of 100% of participant deferrals up to 1% of a participant’s eligible compensation, until January 1, 2021, at which point the Board of Directors elected to increase discretionary matching contributions to 100% of participant deferrals up to 2% of a participant’s eligible compensation. In addition, the Company made discretionary nonelective contributions of 1% of each participant’s eligible compensation in 2022 and 2021. Company contributions are subject to certain IRC limitations.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

The Plan offers mutual funds and investment contracts with insurance companies as investment options for participants, which are part of group annuity contracts offered by Voya Retirement Insurance and Annuity Company ("VRIAC"), the trustee of the Plan. Participants direct the investment of contributions into various VRIAC investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's discretionary matching contributions (when made), the Company's discretionary nonelective contributions (when made), earnings based on the performance of the investment options selected by the participant and is charged with administrative expenses. Participants who initiate a loan are charged a fee for that transaction. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are fully vested in their account balances at all times.

Notes Receivable from Participants

Participants may borrow from their accounts upon approval of the Plan Administrator. The notes may not be made for less than \$1,000 or exceed the lesser of 50% of a participant's account balance or \$50,000, reduced by the excess of the highest amount of outstanding notes receivable balances to the participant for the previous 12 month period over the outstanding balances of notes receivable to the participant on the date the note is made. The notes taken from balances held by VRIAC, the trustee of the plan, may not exceed five years unless the note is used to acquire a principal residence, in which case the term may not exceed a reasonable time period determined at the time the note is made. Notes bear a reasonable rate of interest, ranging from 4.25% to 6.50%, and participants are limited to having one note outstanding from VRIAC. The notes receivable are secured by the balance in the participant's account.

Principal and interest is either paid directly to the trustee by the participant or is paid ratably through payroll deductions. As the notes receivable are repaid, the amounts are allocated to the investment funds according to the participant's most recent election with respect to current contributions.

Payment of Benefits

The Plan provides that upon retirement, death, disability or termination, participants can receive a lump-sum payment. If a participant's account balance is \$1,000 or less, payment will be made in an immediate lump-sum without the participant's consent. Normal retirement age is 65 years of age. The normal retirement date is the first day of the month coinciding with or next following a participant reaching normal retirement age. In-service withdrawal of balances may be elected by participants who have reached 59½ years of age. The Plan also permits withdrawals of active participants' elective contributions, and earnings thereon, only in amounts necessary to satisfy financial hardship as defined by the Plan agreement.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

Administrative Expenses

The Plan's administrative expenses, including salaries related to Plan administration, and audit and legal fees are paid by the Company and qualify as party-in-interest transactions which are exempt from prohibited transaction rules. Fees for trustee, custodial and record keeping services are paid by the Plan and are included as a reduction of net appreciation in fair value of mutual funds in the statements of changes in net assets available for benefits. Participants are charged directly for account and loan maintenance fees.

Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the modified cash basis method of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("GAAP"). Consequently, certain revenues and related assets are recognized when received rather than when earned and certain expenses are recognized when paid rather than when the obligation is incurred.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the contracts.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis method of accounting requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisor, trustee and custodian. See Note 3 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded when received. The net (depreciation) appreciation in fair value of mutual funds includes interest and dividends related to these investments as well as the change in fair value of such investments bought and sold as well as held during the year.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

Management fees and operating expenses charged to the Plan for investments in mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, such management fees and operating expenses are reflected as a reduction of net appreciation or an addition to net depreciation in the aggregate fair value of mutual funds.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2022 and 2021. If a participant ceases to make loan repayments and the Plan Administrator deems the note receivable to be in default, according to the terms of the Plan agreement, the participant note receivable is reduced and a benefit payment is recorded.

Contributions

Contributions are recorded by the Plan when received.

Benefits Paid to Participants

Benefits paid to participants are recorded when paid.

Subsequent Events

In preparing these financial statements, Plan management has evaluated, for potential recognition or disclosure, significant events or transactions that occurred during the period subsequent to June 30, 2022, the most recent statement of net assets available for benefits presented herein, through February 22, 2023, the date these financial statements were available to be issued. No significant events or transactions of this nature were identified.

2. INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, VRIAC, trustee of the Plan, and Metropolitan Life Insurance Company ("MetLife"), custodian of certain Plan assets, have certified the completeness and accuracy of the investment information reflected in (1) the accompanying statements of net assets available for benefits as of June 30, 2022 and 2021, (2) the June 30, 2022, schedule of assets (held at end of year), (3) the related investment activity reflected in the statements of changes in net assets available for benefits during 2022 and 2021, and (4) the information presented in Note 4. VRIAC and MetLife have also certified the completeness and accuracy of notes receivable from participants and the related interest income as of and for the fiscal years ended June 30, 2022 and 2021.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

3. FAIR VALUE MEASUREMENTS

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

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

Level 2: Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

The following is a description of the valuation methodology used for assets measured at fair value. For financial assets recorded at fair value, the description includes an indication of the level of the fair value hierarchy in which the assets are classified. There have been no changes in the methodology used at June 30, 2022 and 2021.

Mutual funds : Shares held in mutual funds are valued at quoted market prices that represent the net asset value ("NAV") of shares held by the Plan at year end and are classified as Level 1. The NAV is based on the value of underlying assets owned by the fund, less its liabilities, then divided by the number of shares outstanding. Mutual funds held by the Plan are open-end mutual funds that registered with the SEC. These funds are required to publish their daily NAV and to transact at that price and, therefore, are deemed to be actively traded.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although Plan management believes the valuation method is appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value at June 30:

2022	Level 1	Level 2	Level 3	Total
Mutual funds	<u>\$ 9,693,572</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,693,572</u>
2021	Level 1	Level 2	Level 3	Total
Mutual funds	<u>\$ 10,519,335</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,519,335</u>

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. Plan management evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. There were no transfers of assets into or out of Level 3 in 2022 and 2021.

4. INVESTMENT CONTRACTS WITH INSURANCE COMPANIES

The Plan has entered into fully benefit-responsive investment contracts with VRIAC to invest in the Voya Fixed Plus Account, which is backed by VRIAC's general account, and the Guaranteed Accumulation Account, which is backed by a nonunitized separate account. The Plan has also entered into a fully benefit-responsive investment contract with MetLife to invest in the MetLife Fixed Interest Account, which is backed by MetLife's general account. These contracts meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the contracts. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a position of their investment at contract value.

The traditional investment contracts held and owned by the Plan are guaranteed investment contracts. The contract issuers are contractually obligated to repay the principal and interest at a specified interest rate that is guaranteed to the Plan. The minimum guaranteed interest rate credited annually ranges from 1% to 3% for the VRIAC accounts and 3% for the MetLife account, for the life of the contracts.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include:

- 1) Amendments to the Plan documents (including complete or partial Plan termination or merger with another plan),
- 2) Changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions,
- 3) Bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or;
- 4) The failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA.

The Plan Administrator believes that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

The guaranteed investment contracts do not permit the insurance companies to terminate the agreements prior to the scheduled maturity dates.

5. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by VRIAC, Voya Financial, an affiliate of VRIAC, and MetLife. VRIAC is the trustee of the Plan and MetLife is the custodian of certain Plan assets and, therefore, related transactions qualify as party-in-interest. Trustee, custodial and record keeping fees are paid by the Plan and netted with net appreciation in fair value of mutual funds in the statements of changes in net assets available for benefits. Participant account and loan maintenance fees are paid by the Plan and reported as administrative expenses in the statements of changes in net assets available for benefits.

6. TAX STATUS

Under Section 403(b) of the IRC, the Plan and the trust established thereunder are not subject to federal income tax. The Plan Administrator and the Plan's legal counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified and the related trust is tax-exempt.

The Plan Administrator has considered the tax positions taken by the Plan and has concluded that, as of June 30, 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or asset or disclosure in the financial statements. While the Plan may be subject to routine audits by taxing jurisdictions, there are currently no audits for any tax periods in progress. The Plan Administrator believes the Plan is no longer subject to income tax examinations for fiscal years prior to June 30, 2019.

UNSION BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

Notes to Financial Statements

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

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**SUPPLEMENTAL INFORMATION
AS OF JUNE 30, 2022**

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

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

(Modified Cash Basis Method of Accounting)

June 30, 2022

Plan #001

EIN 34-1103536

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Mutual Funds		
	Alger	Alger Sm Cap Growth Prt, 57 shares	\$ 1,273
	Alliance Bernstein	AB Global Bond Fund I, 3,055 shares	22,516
	American Century Investments	Amer Cent Infl-Adjust Bond Fnd, 10,766 shares	123,704
	American Funds	Amer Funds Grt-Inc Fund, 27 shares	8,155
	American Funds	Amer Funds Growth Fund, 57 shares	31,267
	American Funds	American Funds Cap Wld G&I R3, 2,640 shares	130,060
	American Funds	American Funds EuroPacific Grw R3, 2,143 shares	100,419
	American Funds	American Funds EuroPacific Grw R4, 37 shares	942
	American Funds	American Funds Growth Fnd R3, 7,519 shares	378,141
	American Funds	American Funds Wash Mutual Inv R3, 8,861 shares	444,621
	Delaware Funds	DIwr Small Cap Value Fund A, 280 shares	17,741
	DWS	Deutsche CROCI, 251 shares	2,166
	Fidelity Investments	Fidelity Contra Fund, 1,814 shares	99,750
	Fidelity Investments	Fidelity Growth, 218 shares	11,610
	Fidelity Investments	Fid Index 500, 865 shares	41,521
	Fidelity Investments	Fidelity Adv New Insights Fund I, 18,878 shares	561,631
	Fidelity Investments	Fidelity VIP Contrafund Port I, 162 shares	15,106
	Fidelity Investments	Fidelity VIP Eqty-Income Port I, 52 shares	2,816
	Fidelity Investments	Fidelity VIP Growth Portfolio I, 138 shares	10,751
	Invesco	Inv Dev Mrkts Fd A, 1,862 shares	66,429
	Invesco	Invesco Diversified Dividend Fund A, 9,126 shares	166,270
	Invesco	Invesco VI Core Equity Fund SI, 151 shares	3,589
*	MetLife	Government Money Market, 18 shares	118
*	MetLife	MetLife Mid Cap Stk Ind, 17 shares	759
*	MetLife	MetLife MSCI EAFE Index, 77 shares	1,298
*	MetLife	MetLife Agg Bond Index, 320 shares	5,458
*	MetLife	Stock Index, 281 shares	36,597
	Metropolitan West Funds	Metropolitan West Total Rtrn Bd Fd M, 2,150 shares	20,512
	Parnassus	Parnassus Core Equity Fund Inv, 2,598 shares	131,279
	PGIM Funds	Jennison Growth, 48 shares	1,340
	PIMCO	PIMCO Total Return, 102 shares	1,907
	PIMCO	PIMCO High Yield Fund A, 4,433 shares	33,644
	T. Rowe Price	TRowe Price LrgCap Valu, 1,082 shares	80,693
*	Voya	Voya Balanced Portfolio I, 103 shares	3,842
*	Voya	Voya Govt Money Market Portfolio I, 3 shares	47
*	Voya	Voya Index Plus LargeCap Portfolio I, 44 shares	2,834
*	Voya	Voya Intermediate Bond Fund A, 13,956 shares	124,765
*	Voya	Voya Intermediate Bond Port I, 65 shares	1,674
*	Voya	Voya Large Cap Growth Port Inst, 82 shares	2,836
*	Voya	Voya Large Cap Growth Port Srv, 15,613 shares	236,699
*	Voya	Voya Large Cap Value Port Inst, 277 shares	6,348
*	Voya	Voya MidCap Opportunities Port I, 17,042 shares	216,867
*	Voya	Voya Russell Lrg Cap Index Port I, 7,536 shares	195,783
*	Voya	Voya Russell Lrg Cp Grw Ind Port I, 24 shares	1,442
*	Voya	Voya Russell Mid Cap Index Port I, 20,619 shares	211,964

Continued

UNISON BEHAVIORAL HEALTH GROUP RETIREMENT PLAN

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

(Modified Cash Basis Method of Accounting)

June 30, 2022

Plan #001

EIN 34-1103536

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
	Mutual Funds		
*	Voya	Voya Russell Sm Cp Index Port I, 5,181 shares	\$ 62,950
*	Voya	Voya Small Company Portfolio I, 16 shares	1,205
*	Voya	Voya SmallCap Opportunities Prt I, 5,805 shares	116,328
*	Voya	Voya Solution 2025 Portfolio I, 13,179 shares	141,408
*	Voya	Voya Solution 2025 Portfolio Srv, 157 shares	3,195
*	Voya	Voya Solution 2030 Portfolio I, 887 shares	13,648
*	Voya	Voya Solution 2035 Portfolio I, 2,543 shares	27,952
*	Voya	Voya Solution 2035 Portfolio Srv, 93 shares	2,081
*	Voya	Voya Solution 2040 Portfolio I, 1,329 shares	21,670
*	Voya	Voya Solution 2045 Portfolio I, 2,266 shares	24,606
*	Voya	Voya Solution 2050 Portfolio I, 851 shares	14,350
*	Voya	Voya Solution 2055 Portfolio I, 4,149 shares	51,532
*	Voya	Voya Solution 2060 Portfolio I, 783 shares	9,453
*	Voya	Voya Solution Income Prt I, 15,647 shares	177,440
*	Voya	VoyIntlHiDivLowVol Port-In, 286 shares	3,184
*	Voya	VY AmCen Sm-Md Cp Val Port Srv, 743 shares	10,022
*	Voya	VY Clarion Real Estate Port Srv, 1,131 shares	40,059
*	Voya	VY Inv Glob Portf - Init Cl, 10,477 shares	188,781
*	Voya	VY Invesco Eqty & Inc Port I, 113 shares	3,184
*	Voya	VY JPMorgan Sm Cp Core Eq Prt Srv, 1,229 shares	20,069
*	Voya	VY TRowePrice Captl Apprec Pt Srv, 181,298 shares	5,118,030
*	Voya	VY TRowePrice Divr MdCp Gr Pt I, 7,147 shares	80,546
*	Voya	VY TRowePrice Eqty Income Pt Srv, 31 shares	1,278
	Western Asset Mortgage	Wstrn Asst Mgt Strag Bd, 42 shares	1,417
	Total mutual funds		9,693,572
	Fully Benefit-Responsive Investment		
	Contracts with Insurance Companies		
*	Voya Retirement Insurance and Annuity Company	Guaranteed Accumulation Account, 3% interest as of June 30, 2022	25,481
*	Voya Retirement Insurance and Annuity Company	Voya Fixed Plus Accounts, 1% and 3% interest as of June 30, 2022	684,165
*	Metropolitan Life Insurance Company	Fixed Interest Account, 3% interest as of June 30, 2022	474,216
	Total fully benefit-responsive investment contracts with insurance companies		1,183,862
	Total investments		10,877,434
*	Notes receivable from participants	Maturing through April 2031, interest rates from 4.25% to 6.50%, secured by participant account balances	66,016
	Total		\$ 10,943,450

(a) An asterisk in this column identifies a person known to be a party-in-interest.

The above information has been certified by Voya Retirement Insurance and Annuity Company, trustee of the Plan, and Metropolitan Life Insurance Company, custodian of certain Plan assets, as complete and accurate.