

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 2022 This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</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>PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>PROMEDICA HEALTH SYSTEM, INC.</u> <u>100 MADISON AVENUE</u> <u>TOLEDO, OH 43604</u>		
1c Effective date of plan <u>01/01/1997</u>		
2b Employer Identification Number (EIN) <u>34-1517671</u>		
2c Plan Sponsor's telephone number <u>567-585-3714</u>		
2d Business code (see instructions) <u>622000</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	ANDREW GOTTMAN
	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 (2022)
v. 220413

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 10978
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) 5047
a(2) Total number of active participants at the end of the plan year		6a(2) 0
b Retired or separated participants receiving benefits		6b 0
c Other retired or separated participants entitled to future benefits.....		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1C 1I 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan <u>PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PROMEDICA HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>34-1517671</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>515688736</u>
b Actuarial value	2b <u>510017579</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>2108</u> (2) Vested Funding Target <u>114456819</u> (3) Total Funding Target <u>114456819</u>
b For terminated vested participants.....	<u>3823</u> <u>90373800</u> <u>90373800</u>
c For active participants.....	<u>5047</u> <u>162616372</u> <u>162885225</u>
d Total	<u>10978</u> <u>367446991</u> <u>367715844</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 <u>5.30 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>1904047</u>
c Total (line 6a + line 6b)	6c <u>1904047</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>08/25/2023</u>
	Signature of actuary	Date
<u>MATTHEW R. KLEIN, F.S.A.</u>	Type or print name of actuary	<u>23-06865</u>
<u>USI CONSULTING GROUP</u>	Firm name	Most recent enrollment number
<u>1001 LAKESIDE AVE, SUITE 1200</u> <u>CLEVELAND, OH 44114</u>	Address of the firm	<u>216-875-1900</u>
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2022
v. 220413

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	69650502
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	69650502
10 Interest on line 9 using prior year's actual return of <u>3.41</u> %	0	2375088
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %.....		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	72025590

Part III Funding Percentages		
14 Funding target attainment percentage	14	119.11 %
15 Adjusted funding target attainment percentage	15	138.69 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	112.13 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.18 %3rd segment:
5.92 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

0

22 Weighted average retirement age**22**

64

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous Items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years.....**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c).....**31a**

1904047

b Excess assets, if applicable, but not greater than line 31a**31b**

1904047

32 Amortization installments:**a** Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

0

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)**39**

0

40 Unpaid minimum required contributions for all years.....**40**

0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROMEDICA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 34-1517671	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LIGHTHOUSE INVESTMENT PARTNERS, LLC
20-3528185

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BOSTON PARTNERS GLBL INVESTORS, INC
98-0202744

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

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

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

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

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

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

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

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

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

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

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

USI CONSULTING GROUP

06-1053228

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 50	NONE KNOWN	2333031	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCOME RESEARCH & MANAGEMENT

04-2955404

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	384112	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 50 59 62 99	NONE KNOWN	217359	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

MERGANSE CAPITAL MANAGEMENT, LLC

46-3651540

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE KNOWN	143800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN, LLC

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE KNOWN	13000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HUNTINGTON NATIONAL BANK

31-0966785

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 50 51	NONE KNOWN	10669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PNC BANK, NATIONAL ASSOCIATION

22-1146430

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 62 68	NONE KNOWN	1430	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PROMEDICA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 34-1517671	

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: IR&M LONG CREDIT FUND LLC		
b Name of sponsor of entity listed in (a): IR&M LONG CREDIT FUND LLC C/O INCOME RESEARCH & MANAGEMENT		
c EIN-PN 46-1964829-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13386292
a Name of MTIA, CCT, PSA, or 103-12 IE: IR&M INTERMEDIATE CREDIT FUND LLC		
b Name of sponsor of entity listed in (a): IR&M INTERMEDIATE CREDIT FUND LLC C/O INCOME RESEARCH & MANAGEMENT		
c EIN-PN 46-1944275-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>						
A Name of plan <u>PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; padding: 5px; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>001</u>		
B Three-digit plan number (PN) ►	<u>001</u>					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROMEDICA HEALTH SYSTEM, INC.</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">D Employer Identification Number (EIN) <u>34-1517671</u></td> </tr> </table>		D Employer Identification Number (EIN) <u>34-1517671</u>			
D Employer Identification Number (EIN) <u>34-1517671</u>						

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	23528	23541
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	83747	392035
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	173151	0
(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)	1714083	533088
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	338140729	13386292
(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)	174502193	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1051306	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	515688737	14334956

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	0	780340
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	780340

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	515688737	13554616
---	-----------	-----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	404	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		404
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	-24675	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4509	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		-20166
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	989432	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		989427
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1184955	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1184955

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4259413
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		-33721464
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-141800
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-29819141
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	287302406	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	180936000	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		468238406
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)	2564820	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	538581	
(4) Other	2i(4)	973173	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4076574
j Total expenses. Add all expense amounts in column (b) and enter total	2j		472314980
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-502134121
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 482035.

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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROMEDICA HEALTH SYSTEM, INC.		D Employer Identification Number (EIN) 34-1517671
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-5160382		
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 6352
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) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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: <u>0.0</u> % Investment-Grade Debt: <u>99.7</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>0.3</u> % Other: <u>0.0</u> % b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

ProMedica Health System, Inc. Cash Balance Retirement Plan

Financial Report
December 31, 2022

ProMedica Health System, Inc. Cash Balance Retirement Plan

Contents

Independent Auditor's Report	1-3
Statement of Net Assets	4
Statement of Changes in Net Assets	5
Notes to Financial Statements	6-12
Schedule of Assets Held at End of Year - In Liquidation	Schedule 1
Schedule of Reportable Transactions - In Liquidation	Schedule 2

Independent Auditor's Report

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

Scope and Nature of the ERISA Section 103(a)(3)(C) Audits

We have performed audits of the financial statements of ProMedica Health System, Inc. Cash Balance 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). The financial statements comprise the statement of net assets as of December 31, 2022 (in liquidation) and 2021 (ongoing) and the related statement of changes in net assets for the years ended December 31, 2022 (in liquidation) and 2021 (ongoing) and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of ProMedica Health System, Inc. Cash Balance Retirement Plan's 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2022 and 2021 and for the years then ended stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the *Auditor's Responsibilities for the Audits of the Financial Statements* section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP).
- The information in the accompanying 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

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audits of the 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 audits. 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.

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

Emphasis of Matter

As discussed in Note 7 to the financial statements, the plan sponsor terminated the Plan effective May 31, 2022. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2021 from the going concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP 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.

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 that may become due to such participants.

Auditor's Responsibilities for the Audits of the Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C) Audits* 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 auditor's 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 audits 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 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 audits in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- 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 audits 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.

Our audits 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 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 GAAP.

Accordingly, the objective of the 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 GAAP.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at end of year (in liquidation) as of December 31, 2022 and reportable transactions (in liquidation) for the year ended December 31, 2022 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the DOL'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 schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

Plante & Moran, PLLC

Toledo, Ohio
October 12, 2023

ProMedica Health System, Inc. Cash Balance Retirement Plan

Statement of Net Assets

	December 31, 2022 and 2021	
	2022 (In Liquidation)	2021 (Ongoing)
Assets		
Investments at fair value: (Note 5)		
Money market fund	\$ -	\$ 173,151
Common commingled funds	13,386,292	512,642,922
Limited partnerships	533,088	1,714,083
Mutual funds	-	1,051,306
Total investments at fair value	13,919,380	515,581,462
Accrued interest and dividends	392,035	83,747
Cash	23,541	23,528
Total assets	14,334,956	515,688,737
Liabilities - Accrued expenses expected to be incurred in liquidation	780,340	-
Net Assets Available for Benefits	\$ 13,554,616	\$ 515,688,737

ProMedica Health System, Inc. Cash Balance Retirement Plan

Statement of Changes in Net Assets

Years Ended December 31, 2022 and 2021

	2022 (In Liquidation)	2021 (Ongoing)
Additions		
Investment income (loss):		
Interest and dividends	\$ 4,240,083	\$ 2,170,689
Net realized and unrealized (losses) gains on investments	(34,059,224)	16,505,760
Total additions - Net	(29,819,141)	18,676,449
Deductions		
Benefits paid directly to participants or beneficiaries	287,302,406	30,703,041
Purchase of annuity buy-out (Note 2)	180,936,000	-
Administrative expenses	3,296,234	3,045,548
Total deductions	471,534,640	33,748,589
Net Decrease before Other Changes	(501,353,781)	(15,072,140)
Adjustment to Liquidation Basis - Accrued expenses	(780,340)	-
Transfers In (Note 8)	-	1,227,013
Net Decrease	(502,134,121)	(13,845,127)
Net Assets Available for Benefits		
Beginning of year	515,688,737	529,533,864
End of year	<u><u>\$ 13,554,616</u></u>	<u><u>\$ 515,688,737</u></u>

December 31, 2022 and 2021

Note 1 - Plan Description

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

General

The Plan was terminated effective May 31, 2022 (see Note 7 for additional information). The following is a description of the Plan prior to termination.

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

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

Eligibility and Vesting

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

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

Pension Benefits

Eligible employees are entitled to pension benefits beginning at the participant's normal retirement age or at the date of their termination. Normal retirement age is 65 for most participants. Eligible employees working beyond 65 years of age will begin receiving benefit payments after termination of employment or when mandated by law. For certain other participants and for participants hired on or after January 1, 1997, normal retirement age is 65 or the fifth anniversary of plan membership, whichever is later. For certain other participants hired after January 1, 2015, normal retirement age is defined as the later of age 65 or the fifth anniversary of commencing participation in the Plan. Certain other participants, aged 55 with at least 10 years of service, may elect early retirement and receive a reduced monthly retirement benefit or a lump sum payable immediately in accordance with the plan agreement.

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

December 31, 2022 and 2021

Note 1 - Plan Description (Continued)

Death Benefits

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

Disability Benefits

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

Contributions

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

Party-in-interest Transactions

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

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

As discussed in Note 7 to the financial statements, the plan sponsor terminated the Plan effective May 31, 2022. As a result, the Plan changed its basis of accounting for periods subsequent to December 31, 2021 to the liquidation basis.

Under the liquidation basis of accounting, assets are measured to reflect the estimated amount of cash expected to be collected in settling or disposing of the assets during the liquidation process and liabilities are measured using the accrual basis of accounting and would include any expected costs of the disposal of assets and other costs expected to be incurred during the liquidation process.

Investment Valuation

The Plan's investments are stated at fair value.

The common commingled funds are valued at net asset value per share (NAV) (or its equivalent) of the funds, which is based on the fair value of the funds' underlying assets. The investment in the limited partnerships are valued at NAV based on audited financial statements of the funds, where available, with adjustments to account for partnership activity and other applicable valuation adjustments. All other investments are valued based on quoted market prices reported in active markets. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. See Note 5 for additional information.

December 31, 2022 and 2021

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

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

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

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

Actuarial Assumptions

The significant actuarial assumptions used in the valuation of the Plan at December 31, 2021 are summarized as follows:

Actuarial cost method	Projected unit credit
Assumed rate of return	7.0 percent per annum
Cash balance index	4.50 percent
Retirement	At normal retirement age (65)
Mortality basis	Pri-2012 Mortality Table and projected with Scale MP-2021

As discussed in Note 6, the IRS approved the Plan termination in 2022, and the Plan is expected to fully settle during 2023. The effect of the termination of approximately \$7.3 million is not reflected in the December 31, 2021 valuation.

Annuity Contract

In November 2022, the Plan purchased an annuity contract to settle the benefit obligations to pay future pension benefits of participants not electing a lump sum distribution during the plan liquidation. The insurance company has assumed the obligation for all payments after December 2022. The purchase price of the annuity contract is reported in the accompanying statement of changes in net assets for the year ended December 31, 2022.

Benefit Payments

Benefits are recorded when paid.

Administrative Expenses

Various administrative costs are paid by the Company.

Use of Estimates

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

December 31, 2022 and 2021**Note 2 - Summary of Significant Accounting Policies (Continued)*****Risks and Uncertainties***

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

Subsequent Events

The financial statements and related disclosures include evaluation of events up through and including October 12, 2023, which is the date the financial statements were available to be issued.

Note 3 - Certified Information

The Bank of New York Mellon/BNY Mellon, N.A. and PNC Bank, N.A. (the "Trustees") hold the Plan's investments and execute all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information certified by the Trustees.

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries. The calculation of the actuarial present value of accumulated plan benefits attributable to participants in the Plan, which was made as of and for the year ended December 31, 2021, the most recent actuarial valuation, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving benefit payments	\$ 100,316,033
Other vested participants	255,267,984
Total vested benefits	355,584,017
Nonvested benefits	265,671
Total actuarial present value of accumulated plan benefits	<u>\$ 355,849,688</u>

A summary of significant changes in the actuarial present value of accumulated plan benefits during the year ended December 31, 2021 is as follows:

Actuarial present value of accumulated plan benefits - Beginning of year (1)	\$ 367,862,430
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions (2)	224,411
benefits accumulated (including gains and losses)	(5,925,260)
Increase for interest due to the decrease in the discount period	24,657,896
Benefits paid (3)	<u>(30,969,789)</u>
Net decrease	<u>(12,012,742)</u>
Actuarial present value of accumulated plan benefits - End of year	<u>\$ 355,849,688</u>

December 31, 2022 and 2021

Note 4 - Accumulated Plan Benefits (Continued)

(1) The change in present value accumulated plan benefits was updated to reflect the change in additional funding, as reported in Note 8.

(2) The change in actuarial assumptions in 2022 and 2021 was the result of a change in the assumed rate of return and a change in mortality improvement scales.

(3) Change in benefits paid to reported balance on the statement of changes in net assets related to additional benefits paid related to the merger, as described in Note 8.

The impact of the annuity purchase (described in Note 2) has not been reflected in the above summary of accumulated plan benefits as of December 31, 2021 or the summary of changes in accumulated plan benefits for the year then ended.

Note 5 - Fair Value Measurements

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

Level 1

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

Level 2

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

Level 3

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

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

The following tables present information about the assets measured at fair value on a liquidation basis at December 31, 2022 and an ongoing basis at December 31, 2021:

	Assets Measured at Fair Value on a Recurring Basis at December 31, 2022
Investments measured at NAV:	
Limited partnerships (1)	\$ 533,088
Common commingled funds (2)	13,386,292
Total investments at fair value	\$ 13,919,380

ProMedica Health System, Inc. Cash Balance Retirement Plan

Notes to Financial Statements

December 31, 2022 and 2021

Note 5 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2021				
	Investments (at Fair Value)	Level 1	Level 2	Level 3
Mutual funds	\$ 1,051,306	\$ 1,051,306	\$ -	\$ -
Money market funds	173,151	173,151	-	-
Total	1,224,457	<u>\$ 1,224,457</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV:				
Limited partnerships (1)	1,714,083			
Common commingled funds (2)	<u>512,642,922</u>			
Total investments at fair value	<u>\$ 515,581,462</u>			

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

(2) This class represents investments in actively managed common commingled funds that primarily invest in equity securities, which may include common stock, options, and futures.

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

Note 6 - Tax Status

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

The Plan received approval from the Internal Revenue Service for the Plan's termination effective May 31, 2022.

Note 7 - Termination

Effective May 31, 2022, the plan sponsor elected to terminate the Plan. The Plan adopted the liquidation basis of accounting in fiscal year 2022. Under the liquidation basis of accounting, assets are recorded at the amount expected to be collected and liabilities are recorded at amounts expected to be paid during the course of liquidation.

Liquidation of assets through distributions to participants began in 2022, with full liquidation expected in 2023. Subsequent to year end, as part of the liquidation, approximately \$7.5 million was transferred to the ProMedica Health System, Inc. 401(k) Plan, a related qualified plan, related to excess funds that existed after settlement of remaining pension benefits.

December 31, 2022 and 2021

Note 8 - Plan Merger

On December 31, 2021, the Health Care and Retirement Corporation Union Employees' Pension Plan, a plan sponsored by Heartland Employment Services, LLC, was merged with the Plan. Accordingly, assets of approximately \$1.23 million were transferred into the Plan in 2021. The accumulated plan benefits at December 31, 2021 reflect the impact of the plan merger, while the accumulated plan benefits at December 31, 2020 did not reflect the impact of the plan merger.

Schedule SB, Line 26a - Schedule of Active Participant Data

January 1, 2022 Valuation
ProMedica Health System, Inc. Cash Balance Retirement Plan
(EIN: 34-1517671; PN: 001)

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
<u>Under 25</u>										
Avg Benefit										
Avg CB										
<u>25 to 29</u>		2	69	3						
Avg Benefit										
Avg CB		*	2,458	*						
<u>30 to 34</u>		25	302	167	5					
Avg Benefit										
Avg CB		3,009	4,564	9,094	*					
<u>35 to 39</u>		16	174	259	143	10				
Avg Benefit			156	47	106	*				
Avg CB		5,059	5,550	13,536	26,996	*				
<u>40 to 44</u>		11	141	174	193	102	4			
Avg Benefit			11	55	144	261				
Avg CB		3,653	6,376	14,958	29,484	46,454	*			
<u>45 to 49</u>		6	107	148	180	196	50	2		
Avg Benefit			241	329	124	528	504	*		
Avg CB		*	6,081	14,600	33,601	55,411	70,670	*		
<u>50 to 54</u>		6	87	122	146	173	119	64	7	
Avg Benefit			189	187	169	428	699	878	*	
Avg CB		*	6,065	15,992	33,730	50,905	70,227	84,444	*	
<u>55 to 59</u>		2	82	108	132	167	114	112	90	9
Avg Benefit			142	142	219	584	913	1,000	1,247	
Avg CB		*	5,234	13,181	29,318	52,238	70,906	106,155	130,639	*
<u>60 to 64</u>		6	51	80	91	140	77	84	75	134
Avg Benefit		*	168	189	207	461	754	851	1,496	1,401
Avg CB		*	6,563	17,061	31,333	49,565	77,247	103,414	128,673	147,586
<u>65 to 69</u>		1	23	17	40	41	26	29	22	56
Avg Benefit				191	152	173	518	1,066	882	1,161
Avg CB		*	9,073	16,412	31,516	55,741	91,706	109,320	150,935	165,802
<u>70 & up</u>		2	5	5	6	10	4	7	7	6
Avg Benefit						*		*		
Avg CB		*	*	*	*	*	*	*	*	*

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

Appendix B

Statement of Actuarial Assumptions and Methods

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of December 2021 and published in January 2022 (as prescribed by IRC 430) and adjusted to reflect ARPA: - Segment 1 (0 – 5 years) 4.75% - Segment 2 (5 to 20 years) 5.18% - Segment 3 (more than 20 years) 5.92% - Effective Interest Rate 5.30%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of December 2021 and published in January 2022 (as prescribed by IRC 430) as follows: - Segment 1 (0 – 5 years) 0.88% - Segment 2 (5 to 20 years) 2.61% - Segment 3 (more than 20 years) 3.27% - Effective Interest Rate 2.66%
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; before being limited to third segment rate 7.00% Rationale: as selected by the Plan Sponsor with advice from the investment advisor.
PBGC Annual Interest Rates	24-month segment rates averaged through the end of December 2021 and published in January 2022 using the Standard Method (as prescribed by IRC 430) as follows: - Segment 1 (0 – 5 years) 1.16% - Segment 2 (5 to 20 years) 2.72% - Segment 3 (more than 20 years) 3.10% - Effective Interest Rate 2.70%
Lump Sum Rates for HCR Union Employees' Pension Plan	For Funding purposes, the underlying liability interest rates are used.
Cash Balance Index	Funding: 1.94% Rationale: the 30-Year Treasury rates for November of the prior plan year.
Salary Scale	Not applicable as all benefits are frozen.

Appendix B (Continued)

Mortality

Funding: Mortality as provided in Notice 2020-85 male and female, with different rate for annuitants and nonannuitants (as prescribed by IRC 430).

Lump Sum: IRC Section 417(e) mortality for lump sums in stability periods beginning in 2022.

Rates of Retirement

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

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

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

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

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

<u>Age</u>	<u>Rates</u>	<u>Age</u>	<u>Rates</u>
55	3.70%	60	5.20%
56	3.20	61	5.10
57	2.90	62	40.00
58	2.50	63-64	20.00
59	2.30	65	100.00

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

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

HCR – Based on age as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55-58	6%	65	50%
59	7	66-69	25
60-61	12	70	100
62-64	24		

Rationale: Retirement rates were confirmed to be consistent with past plan experience during an experience study conducted in 2018.

Appendix B (Continued)

Rates of Retirement (Continued)

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

Rates of Turnover

Cash Balance and Lenawee - Based on age as follows:

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

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

Monroe – Based on age with sample rates as follows:

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

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

HCR – Based on age and length of service as follows:

<u>Age</u>	<u>Years of Service</u>					
	0	1	2	3	4	5+
20	50.0%	50.0%	40.0%	40.0%	40.0%	30.0%
30	40.0%	40.0%	29.0%	27.5%	27.5%	20.0%
40	30.0%	30.0%	18.0%	15.0%	15.0%	15.0%
50	30.0%	30.0%	18.0%	15.0%	15.0%	10.0%
60+	30.0%	30.0%	18.0%	15.0%	15.0%	5.0%

Rationale: Termination rates were determined through an experience study conducted in 2018.

Rates of Disability

Cash Balance and Lenawee – Based on age as follows:

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

Appendix B (Continued)

Rates of Disability (Continued)

Monroe – Based on age and sex as follows:

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

HCR – Sample rates and ages as follows:

<u>Age</u>	<u>Rate</u>
25	.10%
40	.15
55	.95

Assumptions Made In Valuing Spouse's Benefit

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

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

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

Cash Balance Distributions

Cash Balance - 40% of Active participants eligible for a cash balance distribution are assumed to receive a lump sum distribution immediately upon termination. The other 60% are assumed to receive a lump sum distribution at age 65.

100% of Deferred Vested participants under age 62 who are eligible for a cash balance distribution are assumed to receive a lump sum at age 62. Those participants who are over age 62 and under age 65 are assumed to receive a lump sum at age 65, and those over age 65 are assumed to receive a lump sum at age 70.

Appendix B (Continued)

Cash Balance Distributions (Continued)

Lenawee, Monroe, and HCR – See Lump Sum Distribution below.

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

Lump Sum Distributions

Cash Balance – See Cash Balance Distribution.

Lenawee - 40% of Active participants are assumed to receive a lump sum distribution immediately upon termination. The other 60% are assumed to receive a lump sum distribution at age 65.

100% of Deferred Vested participants under age 62 are assumed to receive a lump sum at age 62. Those participants who are over age 62 and under age 65 are assumed to receive a lump sum at age 65, and those over 65 are assumed to receive a lump sum at age 70.

Monroe – Not applicable.

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

HCR – 100% of eligible employees are assumed to elect the lump sum immediately upon termination or retirement. Otherwise, a life annuity is assumed.

Optional Form Selection

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

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

HCR – All participants not eligible to receive a lump sum are assumed to elect the Life Annuity form of payment.

Provision for Expenses

The expected non-investment related expenses expected to be paid from plan assets for the upcoming year, which were assumed to equal actual administrative expenses during the prior year plus PBGC premiums for the current year, were included in the Target Normal Cost for Minimum Required Contribution purposes.

Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

Appendix B (Continued)

Employees Valued

Only participants as of the valuation date were valued.

Asset Method

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

Funding Method

Pure Unit Credit

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

Changes in Assumptions and Methods since the Last Actuarial Valuation

The interest rates used for determining the funding target were 4.75%, 5.36% and 6.11%. These rates were updated to the rates required for the current plan year.

The Cash Balance Index was 1.62% for funding purposes. This is not a change in assumptions methodology.

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

The lump sum mortality for the Union Employee's Pension Plan was updated for the 2022 plan year and the lump sum interest rates were 0.54%, 2.38%, and 3.28%.

Justification for Changes in Actuarial Assumptions

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

ProMedica Health System, Inc. Cash Balance Retirement Plan

Schedule of Reportable Transactions - In Liquidation

Form 5500, Schedule H, Line 4j
EIN 34-1517671, Plan No. 001
Year Ended December 31, 2022

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Loss
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total plan assets:						
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	\$ 35,784,924	\$ -	\$ -	\$ -	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	35,784,924	35,784,924	35,784,924	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	140,396,617	-	-	-	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	180,936,000	180,936,000	180,936,000	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	120,375,255	-	-	-	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	120,375,255	-	-	-	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	240,750,510	240,750,510	240,750,510	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	48,045,206	48,045,206	48,045,206	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	46,702,142	46,702,142	46,702,142	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	46,702,142	46,702,142	46,702,142	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	57,666,192	57,666,192	57,666,192	-
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	-	60,333,570	60,333,570	60,333,570	-
BNY Mellon	IR&M INTERMEDIATE CREDIT FUND	-	70,641,139	74,788,543	70,641,139	(4,147,404)
BNY Mellon	IR&M LONG CREDIT FUND LLC	-	69,755,478	77,963,893	69,755,478	(8,208,415)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
BNY Mellon	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01:					
	Purchases - 168	428,986,449	-	-	-	-
	Sales - 142	-	753,740,885	753,740,885	753,740,885	-
BNY Mellon	IR&M INTERMEDIATE CREDIT FUND -					
	Sales - 11	-	78,036,324	82,459,051	78,036,325	(4,422,726)
BNY Mellon	IR&M LONG CREDIT FUND LLC:					
	Purchases - 5	7,200,000	-	-	-	-
	Sales - 6	-	69,944,404	78,154,329	69,944,404	(8,209,925)

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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

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

A Name of plan PROMEDICA HEALTH SYSTEM, INC. CASH BALANCE RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Promedica Health System, Inc.	D Employer Identification Number (EIN) 34-1517671
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2022	
2 Assets:	
a Market value	2a 515,688,736
b Actuarial value	2b 510,017,579
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 2,108 (2) Vested Funding Target 114,456,819 (3) Total Funding Target 114,456,819
b For terminated vested participants.....	3,823 90,373,800 90,373,800
c For active participants	5,047 162,616,372 162,885,225
d Total.....	10,978 367,446,991 367,715,844
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 5.30%
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a 0
b Expected plan-related expenses	6b 1,904,047
c Total (line 6a + line 6b)	6c 1,904,047

Statement by Enrolled Actuary

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

SIGN HERE	Matthew R. Klein 	8/25/2023
	Signature of actuary	Date
MATTHEW R. KLEIN, F.S.A.	Type or print name of actuary	2306865
		Most recent enrollment number
USI CONSULTING GROUP	Firm name	216-875-1900
		Telephone number (including area code)
1001 LAKESIDE AVE, SUITE 1200		
CLEVELAND OH 44114	Address of the firm	

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

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

Schedule SB (Form 5500) 2022
v. 220413

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	69,650,502
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	69,650,502
10	Interest on line 9 using prior year's actual return of <u>3.41</u> %	0	2,375,088
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	72,025,590

Part III		Funding Percentages	
14	Funding target attainment percentage	14	119.11 %
15	Adjusted funding target attainment percentage	15	138.69 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	112.13 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.18 % 3rd segment: 5.92 %	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	0
22	Weighted average retirement age	22	64
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6c)	31a	1,904,047
b	Excess assets, if applicable, but not greater than line 31a	31b	1,904,047
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34
			0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)		36
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39
40	Unpaid minimum required contributions for all years		40
40			0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
ProMedica Health System, Inc. Cash Balance Retirement Plan
January 1, 2022 Valuation
EIN/PN: 34-1517671 / 001

Rates of Retirement

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

<u>Age(s)</u>	<u>Rate</u>
55-60	6.5%
61-62	12.0
63-64	15.0
65-66	30.0
67-71	25.0
72	100.0

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

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

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

<u>Age</u>	<u>Rate</u>
55	3.70%
56	3.20
57	2.90
58	2.50
59	2.30
60	5.20
61	5.10
62	40.00
63-64	20.00
65	100.00

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

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

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
ProMedica Health System, Inc. Cash Balance Retirement Plan
January 1, 2022 Valuation
EIN/PN: 34-1517671 / 001

Rates of Retirement
(Continued)

HCR – Based on age as follows:

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
55-58	6%	65	50%
59	7	66-69	25
60-61	12	70	100
62-64	24		

Rationale: Retirement rates were confirmed to be consistent with past plan experience during an experience study conducted in 2018.

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

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
ProMedica Health System, Inc. Cash Balance Retirement Plan
January 1, 2022 Valuation
EIN/PN: 34-1517671 / 001

**Rates of Retirement
(Continued)**

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	1,835	0.0634	116	6,396
56	1,853	0.0630	117	6,538
57	1,899	0.0629	119	6,805
58	1,931	0.0626	121	7,009
59	1,988	0.0623	124	7,308
60	2,051	0.0641	132	7,891
61	2,060	0.1152	237	14,478
62	1,953	0.1380	269	16,709
63	1,804	0.1519	274	17,261
64	1,639	0.1516	248	15,899
65	1,492	0.3285	490	31,854
66	1,071	0.3015	323	21,320
67	787	0.2524	199	13,312
68	614	0.2485	152	10,368
69	477	0.2484	118	8,169
70	373	0.2539	95	6,628
71	286	0.2508	72	5,091
72	224	1.0000	224	16,099
73	3	1.0000	3	219
74	1	1.0000	1	74
75	4	1.0000	4	300
76	1	1.0000	1	76
77	1	1.0000	1	77
78	3	1.0000	3	234
79	4	1.0000	4	316
80	1	1.0000	1	80
81	2	1.0000	2	162
82	1	1.0000	1	82
Total			3,451	220,753
Average				63.96

Schedule SB, Lines 7-10 – Change in Prefunding Balance
ProMedica Health System, Inc. Cash Balance Retirement Plan
January 1, 2022 Valuation
EIN/PN: 34-1517671 / 001

Lines 7 through 10 of the Schedule SB have been adjusted to reflect the merger of the Health Care and Retirement Corporation (“HCR”) Union Employee’s Pension Plan into the Cash Balance Retirement Plan effective December 31, 2021. See table below for details.

Line		HCR	Cash Balance	Total (on SB)
7	Balance at beginning of prior year	\$69	\$69,650,433	\$69,650,502
8	Portion elected to offset prior year’s funding requirement	0	0	0
9	Amount remaining	69	69,650,433	69,650,502
10	Prior year’s actual return	11.43%	3.41%	
10	Interest on Line 9	\$8	\$2,375,080	\$2,375,088

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments
January 1, 2022 Valuation
ProMedica Health System, Inc. Cash Balance Retirement Plan
(EIN: 34-1517671; PN: 001)

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2022	16,503,117	13,951,035	11,350,421	41,804,573
2023	15,267,259	7,644,483	11,055,944	33,967,686
2024	15,296,465	9,332,911	10,739,780	35,369,156
2025	15,336,315	6,785,507	10,414,873	32,536,695
2026	14,928,477	8,013,781	10,078,644	33,020,903
2027	15,032,364	4,897,680	9,734,541	29,664,584
2028	14,912,095	4,858,926	9,379,555	29,150,576
2029	13,234,078	4,481,573	9,014,769	26,730,420
2030	12,362,727	4,427,169	8,639,843	25,429,738
2031	10,661,860	4,435,805	8,254,675	23,352,340
2032	9,253,443	5,540,634	7,865,675	22,659,751
2033	8,442,702	5,340,295	7,469,638	21,252,635
2034	8,364,431	4,981,199	7,064,944	20,410,574
2035	8,696,240	4,846,635	6,652,026	20,194,901
2036	7,466,067	4,465,887	6,231,643	18,163,597
2037	7,766,894	4,856,083	5,804,978	18,427,955
2038	7,077,863	4,533,192	5,373,744	16,984,798
2039	5,694,077	4,602,498	4,940,224	15,236,798
2040	5,610,496	4,057,154	4,507,297	14,174,947
2041	5,954,417	4,284,004	4,078,398	14,316,819
2042	5,368,077	4,067,634	3,657,405	13,093,116
2043	4,354,778	3,584,161	3,248,466	11,187,405
2044	4,494,092	3,673,351	2,855,848	11,023,291
2045	3,960,415	3,285,597	2,483,708	9,729,720
2046	3,356,487	3,116,127	2,135,839	8,608,453
2047	3,625,152	2,781,288	1,815,434	8,221,874
2048	3,253,819	2,757,806	1,524,862	7,536,487
2049	3,159,878	2,362,061	1,265,519	6,787,458
2050	2,687,132	2,215,456	1,037,806	5,940,394
2051	2,282,077	2,033,851	841,161	5,157,089
2052	1,918,431	1,689,186	674,167	4,281,784
2053	1,661,537	1,407,516	534,715	3,603,767
2054	1,474,127	1,180,753	420,194	3,075,074
2055	1,111,627	914,415	327,674	2,353,716
2056	949,061	799,222	254,096	2,002,378
2057	621,693	688,096	196,449	1,506,239
2058	466,932	589,633	151,899	1,208,464
2059	358,027	507,606	117,874	983,507
2060	296,056	435,714	92,130	823,900
2061	243,514	371,668	72,775	687,957
2062	202,059	396,059	58,260	656,378
2063	171,836	265,526	47,351	484,712
2064	143,486	222,617	39,093	405,196
2065	120,868	185,644	32,760	339,272
2066	101,382	153,987	27,812	283,181
2067	84,624	127,032	23,855	235,510
2068	69,994	104,197	20,610	194,801
2069	57,375	84,952	17,884	160,212
2070	46,567	68,817	15,544	130,928
2071	37,389	55,367	13,500	106,256

Appendix A-1

Summary of Principal Plan Provisions

Cash Balance Participants

Plan Sponsor	ProMedica Health System, Inc.
EIN/PN	34-1517671/001
Effective Date	Amended and restated effective January 1, 2016. Last amended effective January 1, 2022.
Plan Year	The 12-month period beginning each January 1.
Participation	The January 1st of the Plan Year in which one first completes a Year of Eligibility Service. Employees hired on or after January 1, 2015 are not eligible to participate.
Years of Service	A Year of Service is credited for each Plan Year in which the employee earns at least 1,000 hours.
Eligibility Service	Completion of 1,000 hours in the twelve-month period first commencing with date of hire or any subsequent plan year.
Compensation	Total salary, wages, overtime pay, bonuses, commissions and other remuneration excluding imputed income, reimbursed expenses, and other such payments. The amount is subject to the annual limit prescribed by IRC Section 401(a)(17).
Participant's Account	The nominal account maintained for each participant including the Prior Plan Account Balance, Allocations, and Interest Credits.
Prior Plan Account Balance	The Actuarial Equivalent of the participant's accrued benefit from the prior plan as of December 31, 1996.
Allocations	Each plan year an allocation to each Participant's Account will be made equal to a percentage of Compensation based on the participant's Years of Service as follows:

Appendix A-1 (Continued)

Cash Balance Participants

Allocations (Continued) For Years of Service Earned before January 1, 2011 and after January 1, 2015:

<u>Years of Service</u>	<u>Percentage of Compensation</u>
0-4	3.0%
5-9	3.5
10-14	4.0
15-19	4.5
20-24	5.0
25 or more	6.0

For Years of Service Earned from January 1, 2011 through December 31, 2014:

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

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

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

Interest Credits

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

Appendix A-1 (Continued)

Cash Balance Participants

Interest Credits (Continued)	<u>Year</u>	<u>Rate</u>	<u>Year</u>	<u>Rate</u>
	1997	6.48%	2010	4.31%
	1998	6.11	2011	4.19
	1999	5.25	2012	3.02
	2000	6.15	2013	2.80
	2001	5.78	2014	3.80
	2002	5.12	2015	3.04
	2003	4.96	2016	3.03
	2004	5.12	2017	2.86
	2005	4.89	2018	2.80
	2006	4.73	2019	3.36
	2007	4.69	2020	2.28
	2008	4.52	2021	1.62
	2009	4.00		

Effective January 1, 2022, interest is credited on the last day of each month in an amount equal to 1/12th of the amount determined by multiplying the previous account balance by the applicable rate for the year as determined above.

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

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

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

Appendix A-1 (Continued)

Cash Balance Participants

Termination Benefit

Eligibility:

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

Benefit Payable:

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

Death Benefit

Eligibility:

Active participation.

Benefit Payable:

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

2016 Early Retirement Incentive Benefit

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

Optional Forms Available

The following optimal forms are available under this plan:

Life annuity, 10 year certain and continuous; 50%, 75% and 100% Joint and Survivor; lump sum (automatic if less than \$5,000).

Optional forms are based on an interest rate of 7.00% and the 1994 GAR mortality table per Rev. Rul. 2001-62. Lump sums are paid based on the actual cash balance account or the present value of the participant's frozen December 31, 2016 accrued benefit, whichever is greater. The annuity equivalent of the cash balance account is annualized utilizing the preceding November PPA lump sum segment rates and the mortality table per Rev. Rul. 2007-67.

Appendix A-1 (Continued)

Cash Balance Participants

Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	Effective November 1, 2021, mandatory lump sum distributions of less than \$1,000 may be rolled over into an eligible retirement plan and in the absence of an affirmative election will be rolled over to an IRA account established by the Plan Administrator. Effective December 31, 2021 the Health Care and Retirement Corporation (“HCR”) Union Employees’ Pension Plan was merged into the Cash Balance Retirement Plan. Effective January 1, 2022 cash balance account interest crediting was changed from annual to monthly.

Appendix A-2

Summary of Principal Plan Provisions

Lenawee Health Alliance

Plan Sponsor	ProMedica Health System, Inc.
EIN/PN	34-1517671/001
Effective Date	Amended and restated effective January 1, 2016. Last amended effective January 1, 2022.
Plan Year	For periods prior to June 30, 2001, the twelve-month period beginning on July 1 and ending on June 30 of each year. Beginning on July 1, 2001, there was a short plan year from July 1, 2001 to December 31, 2001. For periods on or after January 1, 2002, the 12-month period beginning each January 1.
Participation	An employee hired and/or rehired before July 1, 1998 becomes a member effective as of July 1 nearest the date he completes 1,000 Hours of Service in the 12-month period measured from his date of hire or any anniversary of his hire date.
Compensation	Total wages, salary and overtime pay including amounts received under 403(b) salary deferrals. The amount is subject to the annual limit prescribed by IRC Section 401(a)(17).
Average Annual Compensation	One-third of the sum of Compensation received by an Employee during the three consecutive calendar years producing the highest average ending with the calendar year in which his termination of employment occurs. Pay is annualized for any year in which less than one year of service is credited. Effective July 1, 2018, Average Annual Compensation is frozen for all Lenawee Health Alliance participants except those in a collective bargaining unit represented by AFSCME-Lab. Effective July 1, 2019, Average Annual Compensation is frozen for all remaining Lenawee Health Alliance participants.
Final Average Compensation	One-fifth of the Employee's Compensation for the five consecutive calendar years within the last ten calendar years of employment, during which the Employee received the greatest amount of Compensation.

Appendix A-2 (Continued)

Lenawee Health Alliance

Final Average Compensation (Continued)

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

Effective July 1, 2019, Final Average Compensation is frozen for all remaining Lenawee Health Alliance participants.

Social Security Covered Compensation

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

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

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

Continuous Service

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

Credited Service

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

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

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

Appendix A-2 (Continued)

Lenawee Health Alliance

Credited Service (Continued)

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

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

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

Accrued Benefit

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

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

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

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

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

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

Appendix A-2 (Continued)

Lenawee Health Alliance

Normal Retirement Benefit

Eligibility:

Age 65.

Benefit Payable:

The Accrued Benefit.

Early Retirement Benefit

Eligibility:

Age 55 and 10 years of Continuous Service.

Monthly Benefit:

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

Late Retirement Benefit

Eligibility:

After age 65.

Monthly Benefit:

The Accrued Benefit at late retirement.

Disability Retirement Benefit

Eligibility:

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

Monthly Benefit:

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

Termination Benefit

Eligibility:

5 years of Continuous Service.

Benefit Payable:

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

Appendix A-2 (Continued)

Lenawee Health Alliance

Death Benefit

Eligibility:

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

Benefit Payable:

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

2016 Early Retirement Incentive Benefit

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

Optional Forms Available

The following optional forms are available under this plan:

Life annuity; 10 year certain and continuous; 50%, 66⅔%, 75% and 100% Joint and Survivor; lump sum (automatic if less than \$5,000).

Optional forms are based on an interest rate of 6.00% and the 1984 Unisex Pension Mortality Table. Lump sums are calculated using the preceding November PPA lump sum segment rates and the mortality table per Rev. Rul. 2007-67.

Maximum Benefit Limit

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

Plan Compensation Limit

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Appendix A-2 (Continued)

Lenawee Health Alliance

Changes in Plan Provisions

Effective November 1, 2021, mandatory lump sum distributions of less than \$1,000 may be rolled over into an eligible retirement plan and in the absence of an affirmative election will be rolled over to an IRA account established by the Plan Administrator.

Effective December 31, 2021 the Health Care and Retirement Corporation ("HCR") Union Employees' Pension Plan was merged into the Cash Balance Retirement Plan.

Effective January 1, 2022 cash balance account interest crediting was changed from annual to monthly.

Appendix A-3

Summary of Principal Plan Provisions

Monroe Regional Hospital

Plan Sponsor	ProMedica Health System, Inc.
EIN/PN	34-1517671/001
Effective Date	Amended and restated effective January 1, 2016. Last amended effective January 1, 2022.
Plan Year	The 12-month period beginning each January 1.
Participation	Any Employee is eligible to participate in the plan on the anniversary of their date of employment as long as they have attained age 21 and completed 1,000 hours of service. If they do not qualify on their anniversary date, then they will become eligible once they have completed 1,000 hours in a plan year. However, no employees shall enter the plan after June 30, 2005.
Hour of Service	An hour for which the employee is paid or entitled to payment by the Company.
Year of Service	One year for each plan year in which he worked 1,000 or more Hours of Service.
Covered Compensation	The average of the Social Security wage bases for the 35 years ending in the year the participant attains Social Security Normal Retirement Age (SSNRA). If a participant terminates, retires, or dies prior to SSNRA, the wage is assumed to remain level for all future years.
Benefit Service	Based on Hours of Service as follows:

<u>Hours of Service</u>	<u>Years of Credited Service</u>
Less Than 1,000	0
1,000 – 1,049	6/12
1,050 – 1,199	7/12
1,200 – 1,349	8/12
1,350 – 1,499	9/12
1,500 – 1,649	10/12
1,650 – 1,799	11/12
1,800 or more	1

Appendix A-3 (Continued)

Monroe Regional Hospital

Benefit Service (Continued) Credited Service was frozen December 31, 2005 for any participant electing to participate in the 403(b) plan and September 30, 2009 for everyone else.

Monthly Earnings The January 1 hourly rate of pay multiplied by 173. Monthly earnings does not include overtime, call time, differential time, incentive compensation or bonuses.

Final Average Monthly Earnings The sum of the highest 5 consecutive years of Monthly Earnings divided by 5.

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

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

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

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

Early Retirement Factor Based on age as follows:

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

Normal Retirement Benefit Eligibility:
Age 65.

Monthly Benefit:
The Accrued Benefit.

Appendix A-3 (Continued)

Monroe Regional Hospital

Early Retirement Benefit	<u>Eligibility:</u> Age 55 and 5 Years of Service. <u>Monthly Benefit:</u> The Accrued Benefit at early retirement adjusted by the Early Retirement Factor.						
Disability Retirement Benefit	<u>Eligibility:</u> Age 50 and 10 Years of Service. Participant must also be determined to be permanently and total disabled by the Federal Social Security Administration. <u>Monthly Benefit:</u> The Accrued Benefit at disability retirement date payable immediately upon disability determination without any reductions for early retirement.						
Termination Benefit	<u>Eligibility:</u> Upon termination of employment prior to retirement after completion of at least five Years of Service. <u>Monthly Benefit:</u> The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions above. The amount of benefit he is vested in is based on the following schedule: <table data-bbox="706 1228 1201 1333"><tr><th><u>Years of Service</u></th><th><u>Percentage</u></th></tr><tr><td>Less Than 5</td><td>0%</td></tr><tr><td>5 or More</td><td>100%</td></tr></table>	<u>Years of Service</u>	<u>Percentage</u>	Less Than 5	0%	5 or More	100%
<u>Years of Service</u>	<u>Percentage</u>						
Less Than 5	0%						
5 or More	100%						
Preretirement Surviving Spouse Benefit	<u>Eligibility:</u> Participants married for at least one year with at least five Years of Service. <u>Monthly Benefit:</u> A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.						
Benefits Available as Lump Sums	This plan pays only small benefit amounts (lump sums less than \$5,000) and death benefits.						

Appendix A-3 (Continued)

Monroe Regional Hospital

Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Optional Forms of Payment	Life Annuity Life Annuity with 120 payments guaranteed 50% Joint and Survivor 75% Joint and Survivor 100% Joint and Survivor Lump Sums (only small benefit cash outs) Optional forms are determined using the UP-84 Mortality table and 6% interest.
Changes in Plan Provisions	Effective November 1, 2021, mandatory lump sum distributions of less than \$1,000 may be rolled over into an eligible retirement plan and in the absence of an affirmative election will be rolled over to an IRA account established by the Plan Administrator. Effective December 31, 2021 the Health Care and Retirement Corporation (“HCR”) Union Employees’ Pension Plan was merged into the Cash Balance Retirement Plan. Effective January 1, 2022 cash balance account interest crediting was changed from annual to monthly.

Appendix A-4

Summary of Principal Plan Provisions

Union Employee's Pension Plan

Plan Sponsor	Heartland Employment Services, LLC
EIN/PN	34-1903270/005
Effective Date	August 1, 1986, amended and restated effective January 1, 2015. Last amended effective January 1, 2022.
Plan Year	The 12-month period beginning each January 1.
Participation	Any union employee who has completed one year of Vesting Service and has attained age 21 shall be eligible to participate on the following January 1 or July 1. No new participants are permitted in the plan as all locations have been frozen and/or sold.
Compensation	Total compensation for the calendar year as limited by IRC Section 415(c) – 2(d)(4) including modifications by IRC Section 132(f)(4), 125(a), 402(e)(3), 402(k), 402(h)(1)(b), and 457(b).
Average Monthly Compensation	The last 13 bi-weekly gross pays are divided by the total hours worked during this same period to determine the hourly rate. The hourly rate is multiplied by 852 if the total hours divided by 26 is less than 35 (hours/week); otherwise the hourly rate is multiplied by 1,000. The result is divided by 6.
Vesting Service	One year of vesting service is earned for each Plan Year in which 1,000 hours are worked.
Credited Service	One year of credited service is earned for 1,800 or more hours of service during a calendar year. If the participant worked at least 1,000 hours but less than 1,800, the service credit is prorated accordingly. No future service will be credited for the plan as all locations have been frozen and/or sold.

Appendix A-4 (Continued)

HCR Union Employees' Pension Plan

Accrued Benefit

A monthly life annuity starting at age 65 equal to the Benefit Multiplier based on Average Monthly Compensation multiplied by the number of Years of Credited Service. If the participant is not Early Retirement eligible at termination, this amount is multiplied by the number of Years of potential service at normal retirement divided by the maximum of number of years of potential service at normal retirement and 30 years.

Benefit multiplier determined as follows:

<u>Average Monthly Compensation</u>	<u>Monthly Benefit Multiplier</u>
\$0 - \$499/mo.	\$5.00
\$500 – \$799/mo.	\$7.00
\$800 - \$1,099/mo.	\$9.00
\$1,100 - \$1,399/mo.	\$11.00
\$1,400+/mo.	\$13.00

Normal Retirement Benefit

Eligibility:
Age 65.

Monthly Benefit:
The Accrued Benefit.

Early Retirement Benefit

Eligibility:
Age 55 and 10 years of Vesting Service.

Monthly Benefit:
The Accrued Benefit at Normal Retirement, or Early Retirement reduced by $\frac{1}{2}$ of one percent for each month that Early Retirement precedes Normal Retirement.

Late Retirement Benefit

Eligibility:
Any age after Normal Retirement Age.

Monthly Benefit:
The Accrued Benefit at Late Retirement.

Appendix A-4 (Continued)

HCR Union Employees' Pension Plan

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least 5 years of Vesting Service.

Monthly Benefit:

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

Death Benefit

Eligibility:

100% vested and married for at least one year.

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 100% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 100% Joint and Survivor Annuity form of payment.

Optional Forms of Payments

Life Annuity

Joint & Survivor with 50%, 66 2/3%, or 100% continuation

The conversion factors are the maximum of a and b below:

- a. Factors based on the 1971 TPF&C Forecast Mortality Table and 6% interest.
- b. Factors computed as outlined below:

For each optional form of annuity payment:

<u>Option</u>	<u>Factor</u>	<u>But Not Greater Than</u>
50% J&S	90%	95%
66 2/3 J&S	85%	95%
100% J&S	80%	90%

The applicable factor set forth in column 2 above shall be increased/decreased by one percentage point for each full year the beneficiary is older/younger than the participant, not to exceed the maximum percentage in column 3.

Appendix A-4 (Continued)

HCR Union Employees' Pension Plan

Benefits Available as Lump Sums	This plan pays small benefit amounts (less than \$1,000) automatically. Participants who terminate prior to meeting the eligibility requirements of early retirement can elect a lump sum or reduced qualified form if the lump sum value is between \$1,000 and \$10,000. Lump sums over \$10,000 are available to participants who are at least age 55 at date of termination regardless of whether retirement occurs immediately following termination or not. The conversion factors are based on the Applicable Mortality Table and Applicable Interest Rate as required under IRC Section 417(e)(3).
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Date.
Plan Compensation Limit	The Internal Revenue Code Section 401(a)(17)(B) Maximum Compensation that can be recognized for benefit calculation purposes.
Funding of the Plan	Employer pays all costs.
Changes in Plan Provisions	Effective December 31, 2021 the Health Care and Retirement Corporation ("HCR") Union Employees' Pension Plan was merged into the Cash Balance Retirement Plan. Effective January 1, 2022 cash balance account interest crediting was changed from annual to monthly.

ProMedica Health System, Inc. Cash Balance Retirement Plan

Schedule of Assets Held at End of Year - In Liquidation

Form 5500, Schedule H, Line 4i
EIN 34-1517671, Plan No. 001
December 31, 2022

(a)(b) Identity of Issuer	(c) Description of Investment	(d) Cost	(e) Current Value
BNY Mellon	Common commingled funds - EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	\$ 13,386,292	\$ 13,386,292
BNY Mellon	Limited partnerships - PIMCO BRAVO II	**	533,088
Total		<u>\$ 13,386,292</u>	<u>\$ 13,919,380</u>

**BNY Mellon was not able to provide the historical cost of the investment. Disclosure of this information is required by the Department of Labor's Rules and Regulations under ERISA.

Schedule SB, Line 24 – Change in Actuarial Assumptions
ProMedica Health System, Inc. Cash Balance Retirement Plan
January 1, 2022 Valuation
EIN/PN: 34-1517671 / 001

Changes in
Assumptions and
Methods since the Last
Actuarial Valuation

The interest rates used for determining the funding target were 4.75%, 5.36% and 6.11%. These rates were updated to the rates required for the current plan year.

The Cash Balance Index was 1.62% for funding purposes. This is not a change in assumptions methodology.

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

The lump sum mortality for the Union Employee's Pension Plan was updated for the 2022 plan year and the lump sum interest rates were 0.54%, 2.38%, and 3.28%.

Justification for
Changes in Actuarial
Assumptions

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