

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
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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 PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1966
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) UNITED MEMORIAL MEDICAL CENTER 127 NORTH STREET BATAVIA, NY 14020-1631	2b Employer Identification Number (EIN) 16-0743029 2c Plan Sponsor's telephone number 585-922-1100 2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2023	HOWARD GLASTONBURY
	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		5 637
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) 131
a(2) Total number of active participants at the end of the plan year		6a(2) 119
b Retired or separated participants receiving benefits		6b 231
c Other retired or separated participants entitled to future benefits.....		6c 257
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 607
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 17
f Total. Add lines 6d and 6e		6f 624
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
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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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>PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER</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>UNITED MEMORIAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>16-0743029</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>21726244</u>
b Actuarial value	2b <u>21001613</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>236</u> <u>9832346</u> <u>9832346</u>
b For terminated vested participants.....	<u>270</u> <u>7562567</u> <u>7562567</u>
c For active participants.....	<u>131</u> <u>4301406</u> <u>4303825</u>
d Total	<u>637</u> <u>21696319</u> <u>21698738</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>5.42</u> %
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>480000</u>
c Total (line 6a + line 6b)	6c <u>480000</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>09/27/2023</u>
	Signature of actuary	Date
<u>TODD WEBER, EA, MAAA</u>	Type or print name of actuary	<u>20-06399</u>
		Most recent enrollment number
<u>MERCER</u>	Firm name	<u>585-389-8700</u>
		Telephone number (including area code)
<u>70 LINDEN OAKS, SUITE 310</u> <u>ROCHESTER, NY 14625</u>	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 ☐

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	1682137
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	762048
9 Amount remaining (line 7 minus line 8)		920089
10 Interest on line 9 using prior year's actual return of <u>8.58</u> %		78944
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		
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>5.60</u> %.....		
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance.....		
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	999033

Part III Funding Percentages		
14 Funding target attainment percentage	14	92.18 %
15 Adjusted funding target attainment percentage	15	92.18 %
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	88.27 %
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
08/16/2023	80000	0			
			Totals ►	18(b)	80000
				18(c)	

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	
b Contributions made to avoid restrictions adjusted to valuation date.	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	73436
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	1st segment: 4.75 % 2nd segment: 5.18 % 3rd segment: 5.92 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	62
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	
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
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	480000
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	1696158	167774
b	Waiver amortization installment		
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	647774
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement.....	582996	582996
36	Additional cash requirement (line 34 minus line 35)	36	64778
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	73436
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	8658
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	8658
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	
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 PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED MEMORIAL MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743029

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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--

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	65593	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELIANCE TRUST COMPANY

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28	ASSET TRUSTEE/INV ADVISOR	27414	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) 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>PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNITED MEMORIAL MEDICAL CENTER</u>		D Employer Identification Number (EIN) <u>16-0743029</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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		80000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	145	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1118287	425082
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	7165241	5313448
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	13442571	10519439

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	21726244	16337969

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		18245
k Total liabilities (add all amounts in lines 1g through 1j)	1k		18245

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	21726244	16319724
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	80000	
(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)		80000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4511	
(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)		4511
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	434580	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		434580
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	5010191	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	5174546	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-164355
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3732452
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-3377716
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1486647	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1486647
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)	90719	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1656	
(4) Other	2i(4)	449782	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		542157
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2028804
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-5406520
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: **FREED MAXICK, CPAS, P.C.**

(2) EIN: **45-4051133**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		4000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

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 482983.

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 PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITED MEMORIAL MEDICAL CENTER		D Employer Identification Number (EIN) 16-0743029
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 58-1428634		
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 10
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
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

FINANCIAL STATEMENTS

Pension Plan for Employees of United Memorial Medical Center
Years Ended December 31, 2022 and 2021
With Report of Independent Auditors

Pension Plan for Employees of United Memorial Medical Center

Financial Statements

Years Ended December 31, 2022 and 2021

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Pension Plan for Employees of United Memorial Medical Center

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

We have performed audits of the financial statements of Pension Plan for Employees of United Memorial Medical Center (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 9 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 Audit 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 (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution 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 Audit 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.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, 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 U.S. GAAP.

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

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

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedule of schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2022 and schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary 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 its form and content, is 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 a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Freed Maxick CPAs, P.C.

Rochester, New York
October 13, 2023

Pension Plan for Employees of United Memorial Medical Center

Statements of Net Assets Available for Benefits

	<u>December 31, 2022</u>	<u>December 31, 2021</u>
ASSETS		
Investments at fair value:		
Cash and cash equivalents	\$ 425,082	\$ 1,118,287
Exchange traded funds	10,519,439	13,442,571
Mutual fund	5,313,448	7,165,241
Total investments	<u>16,257,969</u>	<u>21,726,099</u>
Receivables:		
Employer contribution	80,000	-
Accrued investment income	-	145
Total receivables	<u>80,000</u>	<u>145</u>
Total assets	16,337,969	21,726,244
LIABILITIES		
Due to broker, net	18,245	-
Total liabilities	<u>18,245</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 16,319,724</u></u>	<u><u>\$ 21,726,244</u></u>

See accompanying notes.

Pension Plan for Employees of United Memorial Medical Center

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,

	<u>2022</u>	<u>2021</u>
Additions:		
Employer contributions	\$ 80,000	\$ -
Interest and dividends	439,091	483,312
Net appreciation in fair value of investments	<u>-</u>	<u>1,485,161</u>
Total additions	<u>519,091</u>	<u>1,968,473</u>
Deductions:		
Benefits paid directly to participants	1,486,647	2,217,978
Administrative expenses	542,157	655,749
Net depreciation in fair value of investments	<u>3,896,807</u>	<u>-</u>
Total deductions	<u>5,925,611</u>	<u>2,873,727</u>
Decrease in Net Assets Available for Benefits	(5,406,520)	(905,254)
Net Assets Available for Benefits - beginning of year	<u>21,726,244</u>	<u>22,631,498</u>
Net Assets Available for Benefits - end of year	<u><u>\$ 16,319,724</u></u>	<u><u>\$ 21,726,244</u></u>

See accompanying notes.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 1. Description of the Plan

The following description of Pension Plan for Employees of United Memorial Medical Center (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering eligible employees of United Memorial Medical Center (the Hospital), a subsidiary of Rochester Regional Health (the System). The Plan is subject to the provisions of ERISA. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

The Plan was frozen for all employees on April 6, 2007. Any participant who completed the requirements to complete an additional plan year before this date would be granted an additional year of service under the Plan. No participant met the requirements. After April 6, 2007, the participants who were in the Plan prior to its freezing will not accrue any more service that would be applicable to their future benefit. Additionally, individuals who have not vested in their benefits will still be required to complete service time requirements to receive their benefits. A 403(b) plan was put into place to replace the Plan for all employees.

Funding Policy

The Plan's funding policy is for the Hospital to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2022, the System made contributions of \$80,000. During 2021, the System did not make any contributions. Although it has not expressed any intention to do so, the System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Benefits are determined based on the participant's years of benefit service and compensation as defined by the Plan agreement. The Plan provides for 100% vesting after five years of credited service and 0% vesting if less than five years of service have been credited. The Plan permits early retirement at age 55 upon completion of 15 years of benefit service and termination of service, or at age 60 upon completion of 10 years of benefit service and termination of service. Employees may elect to receive their benefits in the form of an annuity. Employees hired prior to January 1, 2004, may also elect their benefit in the form of a lump sum.

If an active vested participant dies before reaching retirement date, a death benefit equal, to 50% of the retirement income payable had the participant elected early retirement would be paid to a qualified surviving spouse.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Use of Estimates

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, the custodian, and the trustee of the Plan. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the plan document. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net (depreciation) appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

These financial statements have not been updated for subsequent events occurring after October 13, 2023, which is the date these financial statements were available to be issued.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on 1.5% of employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation of the annual benefit accruals as of the Plan freeze date. Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that 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 (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2022 was (a) life expectancy of participants (Pri-2012 Mortality Tables projected with Scale MP – 2021), (b) retirement age assumptions (graded by age), and (c) investment return. The interest rate used to discount the obligation for 2022 was 2.79%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022. Had the valuations been performed as of December 31, there would be no material differences.

The accumulated plan benefit information as of the beginning of the Plan year is as follows:

	December 31, 2021
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 11,938,995
Active participants	6,326,506
Other participants	11,587,177
Non-vested benefits	<u>704</u>
Actuarial present value of accumulated benefits	<u>\$ 29,853,382</u>

The changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2021	\$ 32,613,727
Changes during the year attributed to:	
Increase for interest due to decrease in discount period	750,773
Benefits paid	(2,216,520)
Actuarial gain	(72,769)
Change in actuarial assumptions	<u>(1,221,829)</u>
Net increase	<u>(2,760,345)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2021	<u>\$ 29,853,382</u>

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The change in actuarial assumptions for the year ended December 31, 2021 were as follows:

- The discount rate increased from 2.39% to 2.79% per year.
- The lump sum conversion rates were updated to reflect current mortality and interest rates.
- The mortality incidence was updated to reflect the MP-2021 projection scale.

Note 4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021.

	December 31, 2022			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents (a)	\$ 425,082	\$ -	\$ -	\$ 425,082
Exchange traded funds (b)	10,519,439	-	-	10,519,439
Mutual funds (b)	<u>5,313,448</u>	<u>-</u>	<u>-</u>	<u>5,313,448</u>
Total investments at fair value	<u>\$ 16,257,969</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,257,969</u>

	December 31, 2021			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents (a)	\$ 1,118,287	\$ -	\$ -	\$ 1,118,287
Exchange traded funds (b)	13,442,571	-	-	13,442,571
Mutual funds (b)	<u>7,165,241</u>	<u>-</u>	<u>-</u>	<u>7,165,241</u>
Total investments at fair value	<u>\$ 21,726,099</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 21,726,099</u>

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 5. Fair Value Measurements (Continued)

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

- (a) Cash and cash equivalents – Stated at cost, which approximates fair value and are classified as Level 1 investments.
- (b) Exchange traded and mutual funds – Valued at the daily closing prices as reported by the fund. Exchange traded and mutual funds held by the Plan are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The exchange traded and mutual funds held by the Plan are deemed to be actively traded. These investments are classified as Level 1 investments.

Note 6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, 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 amounts reported in the statements of net assets available for benefits.

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

Note 7. Income Tax Status

The Plan obtained its latest determination letter on December 8, 2015, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8. Related-Party and Party-in-Interest Transactions

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party in interest transactions under ERISA.

Pension Plan for Employees of United Memorial Medical Center

Notes to the Financial Statements

Note 9. Financial Certification

The following unaudited financial information as of December 31, 2022 and 2021 and for the years then ended, has been furnished by the Plan Administrator and certified by the trustee, Reliance Trust Company. The incorporation of this financial information in the accompanying financial statements is based solely on their certification, and the information relating to assets has not been audited by independent accountants.

	<u>2022</u>	<u>2021</u>
Investments at fair value:		
Cash and cash equivalents	\$ 425,082	\$ 1,118,287
Exchange traded funds	\$ 10,519,439	\$ 13,442,571
Mutual funds	\$ 5,313,448	\$ 7,165,241
Transactions for the years ended:		
Interest and dividends	\$ 439,091	\$ 483,312
Net (depreciation) appreciation in fair value of investments	\$ (3,896,807)	\$ 1,485,161

Pension Plan for Employees of United Memorial Medical Center
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022
EIN # 16-0743029, Plan #001

Description	Cost	Current Value
Cash and cash equivalents:		
FEDERATED GOVT OBLIGATION INSTL SHARES	\$ 325,738	\$ 325,738
FIDELITY INVESTMENTS MONEY MARKET FUNDS TREASURY PORTFOLIO CLASS I	99,236	99,236
MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM	108	108
Total cash and cash equivalents	<u>425,082</u>	<u>425,082</u>
Exchange traded funds:		
VANGUARD RUSSELL 1000 VALUE	3,334,862	3,012,279
SPDR S&P WORLD EX-US (MKT)	3,357,053	2,725,483
VANGUARD RUSSELL 1000 GROWTH	3,267,746	2,273,645
ISHARES CORE MSCI EMERGING	1,694,242	1,331,557
VANGUARD EXTENDED MARKET INDEX	1,621,882	1,176,475
Total exchange traded funds	<u>13,275,785</u>	<u>10,519,439</u>
Mutual fund:		
DOUBLELINE TOTAL RETURN BOND I	6,283,303	5,313,448
Total mutual fund	<u>6,283,303</u>	<u>5,313,448</u>
Total investments	<u><u>\$ 19,984,170</u></u>	<u><u>\$ 16,257,969</u></u>

The above data is based solely upon information which has been certified
as complete and accurate by Reliance Trust Company.

ACCOUNT STATEMENT

Statement Period

01/01/2022 through 12/31/2022
 RELIANCE TRUST CO, TRUSTEE
 UNITED MEMORIAL MEDICAL CENTER
 DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	21,726,243.58			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
FEDERATED GOVT OBLIGATION INSTL SHARES				
PURCHASED 1,027,064.67 ON 01/01/2022 AT .000000	1,027,064.67	1,027,064.67	1,027,064.67	
SOLD 87,099.11 ON 01/01/2022 AT 1.00	87,099.11	87,099.11	87,099.11	
SOLD 194,506.85 ON 02/01/2022 AT 1.00	194,506.85	194,506.85	194,506.85	
PURCHASED 17.79 ON 02/01/2022 AT 1.00	17.79	17.79	17.79	
PURCHASED 16.24 ON 03/01/2022 AT 1.00	16.24	16.24	16.24	
PURCHASED .69 ON 01/01/2022 AT 1.00 ACATS TRANSFER	0.69	0.69	0.69	
SOLD 83,639.53 ON 03/28/2022 AT 1.00	83,639.53	83,492.36	83,639.53	147.17
DEPOSIT ON 03/29/2022	18,330.91	18,330.91	18,330.91	
DEPOSIT ON 04/01/2022	44.17	44.17	44.17	
DEPOSIT ON 04/01/2022	0.17	0.17	0.17	
DEPOSIT ON 03/28/2022	1,314.08	1,314.08	1,314.08	
WITHDRAWAL ON 04/20/2022	70,372.84	70,372.84	70,372.84	
WITHDRAWAL ON 04/25/2022	44,778.21	44,778.21	44,778.21	

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ACCOUNT STATEMENT

Statement Period

01/01/2022 through 12/31/2022
 RELIANCE TRUST CO, TRUSTEE
 UNITED MEMORIAL MEDICAL CENTER
 DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 05/02/2022	94.86	94.86	94.86	
DEPOSIT ON 05/02/2022	2.99	2.99	2.99	
WITHDRAWAL ON 05/04/2022	84,009.76	84,009.76	84,009.76	
DEPOSIT ON 05/09/2022	51.33	51.33	51.33	
DEPOSIT ON 05/09/2022	1.61	1.61	1.61	
WITHDRAWAL ON 05/09/2022	52.94	52.94	52.94	
DEPOSIT ON 05/23/2022	55.77	55.77	55.77	
WITHDRAWAL ON 05/31/2022	84,009.76	84,009.76	84,009.76	
DEPOSIT ON 06/01/2022	232.11	232.11	232.11	
DEPOSIT ON 06/01/2022	9.74	9.74	9.74	
DEPOSIT ON 06/15/2022	19,170.64	19,170.64	19,170.64	
DEPOSIT ON 06/21/2022	44.15	44.15	44.15	
WITHDRAWAL ON 06/27/2022	105,425.33	105,425.33	105,425.33	
DEPOSIT ON 06/28/2022	55,880.17	55,880.17	55,880.17	
DEPOSIT ON 07/01/2022	305.02	305.02	305.02	

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ACCOUNT STATEMENT

Statement Period

01/01/2022 through 12/31/2022
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 07/01/2022	31.29	31.29	31.29	
DEPOSIT ON 07/05/2022	22,146.07	22,146.07	22,146.07	
WITHDRAWAL ON 07/06/2022	1,691.77	1,691.77	1,691.77	
DEPOSIT ON 07/18/2022	80.50	80.50	80.50	
WITHDRAWAL ON 07/29/2022	84,154.15	84,154.15	84,154.15	
DEPOSIT ON 08/01/2022	331.92	331.92	331.92	
DEPOSIT ON 08/01/2022	151.01	151.01	151.01	
DEPOSIT ON 08/08/2022	54.90	54.90	54.90	
DEPOSIT ON 08/15/2022	57.37	57.37	57.37	
WITHDRAWAL ON 08/24/2022	90,505.05	90,505.05	90,505.05	
DEPOSIT ON 08/29/2022	200,000.00	200,000.00	200,000.00	
DEPOSIT ON 08/30/2022	169,728.16	169,728.16	169,728.16	
WITHDRAWAL ON 08/30/2022	199,529.33	199,529.33	199,529.33	
DEPOSIT ON 09/01/2022	306.89	306.89	306.89	
DEPOSIT ON 09/01/2022	219.24	219.24	219.24	

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ACCOUNT STATEMENT

Statement Period

01/01/2022 through 12/31/2022
 RELIANCE TRUST CO, TRUSTEE
 UNITED MEMORIAL MEDICAL CENTER
 DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 09/06/2022	3,783.49	3,783.49	3,783.49	
WITHDRAWAL ON 09/12/2022	75,006.05	75,006.05	75,006.05	
WITHDRAWAL ON 09/22/2022	1,666.92	1,666.92	1,666.92	
WITHDRAWAL ON 09/23/2022	542.84	542.84	542.84	
WITHDRAWAL ON 09/27/2022	84,661.81	84,661.81	84,661.81	
DEPOSIT ON 09/28/2022	4,022.83	4,022.83	4,022.83	
DEPOSIT ON 10/03/2022	393.03	393.03	393.03	
DEPOSIT ON 10/03/2022	23,755.69	23,755.69	23,755.69	
DEPOSIT ON 10/12/2022	500,000.00	500,000.00	500,000.00	
WITHDRAWAL ON 10/13/2022	424,024.00	424,024.00	424,024.00	
WITHDRAWAL ON 10/14/2022	912.22	912.22	912.22	
WITHDRAWAL ON 10/27/2022	111,771.41	111,771.41	111,771.41	
DEPOSIT ON 11/01/2022	359.62	359.62	359.62	
DEPOSIT ON 11/01/2022	348.52	348.52	348.52	
WITHDRAWAL ON 11/04/2022	18,390.15	18,390.15	18,390.15	
WITHDRAWAL ON 11/07/2022	7,349.00	7,349.00	7,349.00	

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ACCOUNT STATEMENT

Statement Period

01/01/2022 through 12/31/2022
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 11/08/2022	250,000.00	250,000.00	250,000.00	
WITHDRAWAL ON 11/30/2022	102,956.03	102,956.03	102,956.03	
DEPOSIT ON 12/01/2022	667.70	667.70	667.70	
DEPOSIT ON 12/01/2022	422.79	422.79	422.79	
DEPOSIT ON 12/08/2022	19.34	19.34	19.34	
DEPOSIT ON 12/08/2022	12.17	12.17	12.17	
WITHDRAWAL ON 12/08/2022	19.34	19.34	19.34	
WITHDRAWAL ON 12/08/2022	12.17	12.17	12.17	
DEPOSIT ON 12/19/2022	18,786.85	18,786.85	18,786.85	
WITHDRAWAL ON 12/19/2022	522.33	522.33	522.33	
DEPOSIT ON 12/20/2022	25,232.53	25,232.53	25,232.53	
WITHDRAWAL ON 12/21/2022	1,591.98	1,591.98	1,591.98	
DEPOSIT ON 12/28/2022	6,006.35	6,006.35	6,006.35	
DEPOSIT ON 12/29/2022	31,401.89	31,401.89	31,401.89	
WITHDRAWAL ON 12/29/2022	88,451.25	88,451.25	88,451.25	

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as complete and accurate by Reliance Trust Company.

ACCOUNT STATEMENT

Statement Period

01/01/2022 through 12/31/2022
 RELIANCE TRUST CO, TRUSTEE
 UNITED MEMORIAL MEDICAL CENTER
 DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
TOTAL	4,428,609.39	4,428,462.22	4,428,609.39	147.17
TOTAL SHORT TERM INVESTMENTS	4,428,609.39	4,428,462.22	4,428,609.39	147.17
MUTUAL FUNDS/FIXED INCOME				
DOUBLELINE TOTAL RETURN BOND I				
PURCHASED 1,696.712 SHS ON 02/02/2022 AT 10.24	17,374.33	17,374.33	17,391.30	
PURCHASED 1,723.974 SHS ON 02/28/2022 AT 10.13	17,463.86	17,463.86	17,463.86	
PURCHASED 2,050.064 SHS ON 03/31/2022 AT 9.82	20,131.63	20,131.63	20,131.63	
PURCHASED 1,822.173 SHS ON 04/29/2022 AT 9.52	17,347.09	17,347.09	17,347.09	
PURCHASED 1,930.313 SHS ON 05/31/2022 AT 9.48	18,299.37	18,299.37	18,299.37	
PURCHASED 2,228.23 SHS ON 06/30/2022 AT 9.35	20,833.95	20,833.95	20,833.95	
PURCHASED 2,173.954 SHS ON 07/29/2022 AT 9.48	20,609.08	20,609.08	20,609.08	
SOLD 21,436.227 SHS ON 08/26/2022 AT 9.33	200,000.00	222,852.69	200,000.00	22,852.69-
PURCHASED 2,177.337 SHS ON 08/31/2022 AT 9.25	20,140.37	20,140.37	20,140.37	
PURCHASED 2,269.056 SHS ON 09/30/2022 AT 8.87	20,126.53	20,126.53	20,126.53	
SOLD 56,818.182 SHS ON 10/11/2022 AT 8.80	500,000.00	590,192.49	500,000.00	90,192.49-
PURCHASED 2,194.096 SHS ON 10/31/2022 AT 8.64	18,956.99	18,956.99	18,956.99	

The above data is based solely upon information which has been certified
 as complete and accurate by Reliance Trust Company.

ACCOUNT STATEMENT

Statement Period

01/01/2022 through 12/31/2022
 RELIANCE TRUST CO, TRUSTEE
 UNITED MEMORIAL MEDICAL CENTER
 DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 29,171.529 SHS ON 11/07/2022 AT 8.57	250,000.00	302,838.73	250,000.00	52,838.73-
PURCHASED 1,980.589 SHS ON 11/30/2022 AT 8.85	17,528.21	17,528.21	17,528.21	
PURCHASED 2,080.39 SHS ON 12/30/2022 AT 8.77	18,245.02	18,245.02	18,245.02	
TOTAL	1,177,056.43	1,342,940.34	1,177,073.40	165,883.91-
TOTAL MUTUAL FUNDS/FIXED INCOME	1,177,056.43	1,342,940.34	1,177,073.40	165,883.91-
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		5,771,402.56		

The above data is based solely upon information which has been certified
 as complete and accurate by Reliance Trust Company.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: The St. Jerome Hospital Retirement Plan (originally effective July 1, 1963) merged into the Genesee Memorial Hospital Pension Plan (originally effective January 1, 1966) effective October 1, 1999, at which time the plan was renamed the Pension Plan for Employees of United Memorial Medical Center. Plan year: January 1 – December 31.
Status of the plan	Participation and benefit accruals were frozen effective April 6, 2007.
Significant events that occurred during the year	None.
Definitions	
• Participation	The January 1 or July 1 coincident with or next following attainment of age 21 and completion of one year of service. The plan was closed to new entrants effective April 6, 2007.
• Vesting service	A full year is credited for each plan year during which 1,000 or more hours of service are credited. No partial years of vesting service are credited.
• Credited service	Effective January 1, 2000, for purposes of determining benefits, a full year is credited for each plan year during which a participant completes at least 1,000 hours of service. No partial years of service are credited. No service is credited with respect to hours of service on or after April 6, 2007.
• Compensation	Total earnings excluding fringe benefits.
Normal retirement	
• Eligibility	The first of the month coincident with or next following the attainment of age 65.
• Benefit	1.5% of each year's compensation for each year of credited service. Former participants of the Genesee Memorial Hospital Pension Plan: Benefit accrued as of December 31, 1999 under the terms of that plan plus 1.5% of each year's compensation for each year of credited service after that date. Benefit accruals ceased effective April 6, 2007.
Early retirement	
• Eligibility	The first of the month coincident with or next following the attainment of age 55 and completion of 15 years of vesting service or the attainment of age 60 and completion of 10 years of vesting service.
• Benefit	The normal retirement benefit reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the benefit commencement date precedes the normal retirement date.

Schedule SB, Part V — Summary of Plan Provisions**Late retirement**

- Eligibility Benefit commencement after normal retirement date.
- Benefit The normal retirement benefit actuarially increased from the normal retirement date to the late retirement date.

Deferred vested

- Eligibility 100% vested upon five years of service.
- Benefit Accrued benefit payable at normal retirement date. At the election of the participant, the benefit (reduced for early retirement) can commence upon the attainment of age 55 if he/she completed at least 15 years of vesting service, or upon the attainment of age 60 if he/she completed at least 10 years of vesting service.

Pre-retirement death

- Eligibility A death benefit is payable to the beneficiary of a participant whose death occurs after becoming vested but prior to retirement.
- Benefit For surviving spouses, 50% of the benefit which would have been payable had the deceased participant terminated service on the date of death, survived to the earliest possible benefit commencement date, elected a 50% joint and survivor annuity, and died on that same date.

For beneficiaries of unmarried participants, a lump sum benefit equal to the lesser of the actuarially equivalent present value of the participant's accrued benefit or \$5,000.

Form of benefits

- Automatic form for unmarried participants Life annuity.
- Automatic form for married participants Qualified joint and 50% survivor annuity.
- Optional forms A life annuity; 50%, 66 2/3%, 75%, or 100% joint and survivor annuity; 5-, 10-, or 15-year certain and life annuity; and a lump sum distribution if: (i) hired before 2004 (and, for former employees of St. Jerome Hospital, if terminated employment after 1999) or (ii) the present value of the accrued benefit is \$7,000 or less at the time of retirement.
- Actuarial equivalence Actuarial equivalence is based on the 1984 Unisex Pension Mortality Table and 7% interest. Conversion from a life annuity to a lump sum is based on mortality and interest rates specified under Code Section 417(e).

Schedule SB, Part V — Summary of Plan Provisions**Benefits included or excluded**

Unless noted below, all benefits provided by the plan are included in valuations.

- **Late retirement increases:** Participants over normal retirement age are valued including late retirement actuarial increases.
- **Code Section 415(b) limitations:** The limitations of Code Section 415(b) are included in valuations.
- **Code Section 416 rules for top-heavy plans:** We do not test whether the plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants.

Plan provision changes since prior valuation

There have been no plan provision changes since the prior valuation.

Pension Plan for Employees of United Memorial Medical Center
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022
EIN # 16-0743029, Plan #001

Description	Cost	Current Value
Cash and cash equivalents:		
FEDERATED GOVT OBLIGATION INSTL SHARES	\$ 325,738	\$ 325,738
FIDELITY INVESTMENTS MONEY MARKET FUNDS TREASURY PORTFOLIO CLASS I	99,236	99,236
MSDW MONEY MARKET BANK DEPOSIT PROGRAM SYSTEM	108	108
Total cash and cash equivalents	<u>425,082</u>	<u>425,082</u>
Exchange traded funds:		
VANGUARD RUSSELL 1000 VALUE	3,334,862	3,012,279
SPDR S&P WORLD EX-US (MKT)	3,357,053	2,725,483
VANGUARD RUSSELL 1000 GROWTH	3,267,746	2,273,645
ISHARES CORE MSCI EMERGING	1,694,242	1,331,557
VANGUARD EXTENDED MARKET INDEX	1,621,882	1,176,475
Total exchange traded funds	<u>13,275,785</u>	<u>10,519,439</u>
Mutual fund:		
DOUBLELINE TOTAL RETURN BOND I	6,283,303	5,313,448
Total mutual fund	<u>6,283,303</u>	<u>5,313,448</u>
Total investments	<u>\$ 19,984,170</u>	<u>\$ 16,257,969</u>

The above data is based solely upon information which has been certified
as complete and accurate by Reliance Trust Company.

Schedule SB, line 26 — Schedule of Active Participant Data

Years of credited service as of April 6, 2007										
Attained age	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+
< 25										
25 - 29										
30 - 34										
35 - 39		4	1							
40 - 44		5	6							
45 - 49		3	4	3	1					
50 - 54		4	9	6	8					
55 - 59		5	10	2	8	8	2			
60 - 64		3	5	8	9	4	6			
65 - 69		1	2		3					
70+					1					

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions**

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment rates	
• Look-back months	4	
• First 5 years	4.75%	
• Next 15 years	5.18%	
• Over 20 years	5.92%	
Mortality sponsor elections		
Code Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2014 mortality tables, adjusted to remove post-2006 improvements and projected with mortality improvement using Scale MP-2020.		
Lump sum basis		
Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates, rather than Code Section 417(e) rates, and current year Code Section 417(e) unisex mortality.		
Economic assumptions		
• Salary increases	Not applicable. The plan is frozen.	
• Expected rate of return on assets	6.25% per year.	
• Expenses	\$480,000 is added to the current year normal cost.	
Demographic assumptions		
• Withdrawal incidence	Years of service	Rate
	< 2	20%
	2 - 4	15%
	5 - 9	4%
	10+	2%
• Disability incidence	None.	
• Retirement incidence	Attained age	Rate
	55 - 59	3%
	60 - 61	15%
	62	25%
	63 - 64	20%
	65+	100%
	Benefits for terminated participants with vested benefits are assumed to commence at age 65.	
• Spouse assumptions	Male participants	Female participants
— Percentage married	80%	60%
— Spouse age difference	3 years younger	3 years older

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Form of payment	100% of active participants eligible for lump sum distributions are assumed to elect lump sums. All other benefits are assumed to be paid as life annuities.
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Asset method

The asset valuation method is an average of the adjusted market value determined from three dates: the current and two preceding valuation dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in Code Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants are included or excluded from the valuation as described below:

- Participants included:** Employees who have completed the plan’s eligibility requirements are included in the valuation of liabilities.
- Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- Insurance contracts:** The plan does not have any insurance contracts.

Funding method

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant’s benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

The plan’s valuation date is the beginning of the plan year.

An individual’s funding target is the present value of future benefits based on credited service as of the beginning of the plan year. If multiple decrements are used, the funding target for an individual is the sum of the component funding targets associated with the various anticipated separation dates.

The plan’s funding target is the sum of the individual funding targets.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2022 installment
2021	\$	2,499,886	14	\$ 242,048
2022		(803,728)	15	(74,274)
Total	\$	1,696,158		\$ 167,774

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of the normal cost was changed from \$520,000 to \$480,000.
- The expected rate of return on assets was changed from 6.50% to 6.25%.

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the below table of retirement rates. The average retirement age is 62.

(A) Retirement age	(B) Retirement rate	(C) Number of employees	(D) Number of employees expected to retire (B) x (C)	(E) Accumulation of retirement ages (A) x (D)
55	3.0%	10,000	300	16,500
56	3.0%	9,700	291	16,296
57	3.0%	9,409	282	16,074
58	3.0%	9,127	274	15,892
59	3.0%	8,853	266	15,694
60	15.0%	8,587	1,288	77,280
61	15.0%	7,299	1,095	66,795
62	25.0%	6,204	1,551	96,162
63	20.0%	4,653	931	58,653
64	20.0%	3,722	744	47,616
65	100.0%	2,978	2,978	193,570
Total			10,000	620,532
Average				62.05

ACCOUNT STATEMENT

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Account Number

01/01/2022 through 12/31/2022
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE: 21,726,243.58				
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
FEDERATED GOVT OBLIGATION INSTL SHARES				
PURCHASED 1,027,064.67 ON 01/01/2022 AT .000000	1,027,064.67	1,027,064.67	1,027,064.67	
SOLD 87,099.11 ON 01/01/2022 AT 1.00	87,099.11	87,099.11	87,099.11	
SOLD 194,506.85 ON 02/01/2022 AT 1.00	194,506.85	194,506.85	194,506.85	
PURCHASED 17.79 ON 02/01/2022 AT 1.00	17.79	17.79	17.79	
PURCHASED 16.24 ON 03/01/2022 AT 1.00	16.24	16.24	16.24	
PURCHASED .69 ON 01/01/2022 AT 1.00 ACATS TRANSFER	0.69	0.69	0.69	
SOLD 83,639.53 ON 03/28/2022 AT 1.00	83,639.53	83,492.36	83,639.53	147.17
DEPOSIT ON 03/29/2022	18,330.91	18,330.91	18,330.91	
DEPOSIT ON 04/01/2022	44.17	44.17	44.17	
DEPOSIT ON 04/01/2022	0.17	0.17	0.17	
DEPOSIT ON 03/28/2022	1,314.08	1,314.08	1,314.08	
WITHDRAWAL ON 04/20/2022	70,372.84	70,372.84	70,372.84	
WITHDRAWAL ON 04/25/2022	44,778.21	44,778.21	44,778.21	

ACCOUNT STATEMENT

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01/01/2022 through 12/31/2022
M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 05/02/2022	94.86	94.86	94.86	
DEPOSIT ON 05/02/2022	2.99	2.99	2.99	
WITHDRAWAL ON 05/04/2022	84,009.76	84,009.76	84,009.76	
DEPOSIT ON 05/09/2022	51.33	51.33	51.33	
DEPOSIT ON 05/09/2022	1.61	1.61	1.61	
WITHDRAWAL ON 05/09/2022	52.94	52.94	52.94	
DEPOSIT ON 05/23/2022	55.77	55.77	55.77	
WITHDRAWAL ON 05/31/2022	84,009.76	84,009.76	84,009.76	
DEPOSIT ON 06/01/2022	232.11	232.11	232.11	
DEPOSIT ON 06/01/2022	9.74	9.74	9.74	
DEPOSIT ON 06/15/2022	19,170.64	19,170.64	19,170.64	
DEPOSIT ON 06/21/2022	44.15	44.15	44.15	
WITHDRAWAL ON 06/27/2022	105,425.33	105,425.33	105,425.33	
DEPOSIT ON 06/28/2022	55,880.17	55,880.17	55,880.17	
DEPOSIT ON 07/01/2022	305.02	305.02	305.02	

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RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 07/01/2022	31.29	31.29	31.29	
DEPOSIT ON 07/05/2022	22,146.07	22,146.07	22,146.07	
WITHDRAWAL ON 07/06/2022	1,691.77	1,691.77	1,691.77	
DEPOSIT ON 07/18/2022	80.50	80.50	80.50	
WITHDRAWAL ON 07/29/2022	84,154.15	84,154.15	84,154.15	
DEPOSIT ON 08/01/2022	331.92	331.92	331.92	
DEPOSIT ON 08/01/2022	151.01	151.01	151.01	
DEPOSIT ON 08/08/2022	54.90	54.90	54.90	
DEPOSIT ON 08/15/2022	57.37	57.37	57.37	
WITHDRAWAL ON 08/24/2022	90,505.05	90,505.05	90,505.05	
DEPOSIT ON 08/29/2022	200,000.00	200,000.00	200,000.00	
DEPOSIT ON 08/30/2022	169,728.16	169,728.16	169,728.16	
WITHDRAWAL ON 08/30/2022	199,529.33	199,529.33	199,529.33	
DEPOSIT ON 09/01/2022	306.89	306.89	306.89	
DEPOSIT ON 09/01/2022	219.24	219.24	219.24	

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M16857
RELiance TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
WITHDRAWAL ON 09/06/2022	3,783.49	3,783.49	3,783.49	
WITHDRAWAL ON 09/12/2022	75,006.05	75,006.05	75,006.05	
WITHDRAWAL ON 09/22/2022	1,666.92	1,666.92	1,666.92	
WITHDRAWAL ON 09/23/2022	542.84	542.84	542.84	
WITHDRAWAL ON 09/27/2022	84,661.81	84,661.81	84,661.81	
DEPOSIT ON 09/28/2022	4,022.83	4,022.83	4,022.83	
DEPOSIT ON 10/03/2022	393.03	393.03	393.03	
DEPOSIT ON 10/03/2022	23,755.69	23,755.69	23,755.69	
DEPOSIT ON 10/12/2022	500,000.00	500,000.00	500,000.00	
WITHDRAWAL ON 10/13/2022	424,024.00	424,024.00	424,024.00	
WITHDRAWAL ON 10/14/2022	912.22	912.22	912.22	
WITHDRAWAL ON 10/27/2022	111,771.41	111,771.41	111,771.41	
DEPOSIT ON 11/01/2022	359.62	359.62	359.62	
DEPOSIT ON 11/01/2022	348.52	348.52	348.52	
WITHDRAWAL ON 11/04/2022	18,390.15	18,390.15	18,390.15	
WITHDRAWAL ON 11/07/2022	7,349.00	7,349.00	7,349.00	

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M16857
RELIANCE TRUST CO, TRUSTEE
UNITED MEMORIAL MEDICAL CENTER
DEFINED BENEFIT PLAN

Schedule Of Reportable Transactions

PLAN NUMBER :

EIN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DEPOSIT ON 11/08/2022	250,000.00	250,000.00	250,000.00	
WITHDRAWAL ON 11/30/2022	102,956.03	102,956.03	102,956.03	
DEPOSIT ON 12/01/2022	667.70	667.70	667.70	
DEPOSIT ON 12/01/2022	422.79	422.79	422.79	
DEPOSIT ON 12/08/2022	19.34	19.34	19.34	
DEPOSIT ON 12/08/2022	12.17	12.17	12.17	
WITHDRAWAL ON 12/08/2022	19.34	19.34	19.34	
WITHDRAWAL ON 12/08/2022	12.17	12.17	12.17	
DEPOSIT ON 12/19/2022	18,786.85	18,786.85	18,786.85	
WITHDRAWAL ON 12/19/2022	522.33	522.33	522.33	
DEPOSIT ON 12/20/2022	25,232.53	25,232.53	25,232.53	
WITHDRAWAL ON 12/21/2022	1,591.98	1,591.98	1,591.98	
DEPOSIT ON 12/28/2022	6,006.35	6,006.35	6,006.35	
DEPOSIT ON 12/29/2022	31,401.89	31,401.89	31,401.89	
WITHDRAWAL ON 12/29/2022	88,451.25	88,451.25	88,451.25	

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DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
TOTAL	4,428,609.39	4,428,462.22	4,428,609.39	147.17
TOTAL SHORT TERM INVESTMENTS	4,428,609.39	4,428,462.22	4,428,609.39	147.17
MUTUAL FUNDS/FIXED INCOME				
DOUBLELINE TOTAL RETURN BOND I				
PURCHASED 1,696.712 SHS ON 02/02/2022 AT 10.24	17,374.33	17,374.33	17,391.30	
PURCHASED 1,723.974 SHS ON 02/28/2022 AT 10.13	17,463.86	17,463.86	17,463.86	
PURCHASED 2,050.064 SHS ON 03/31/2022 AT 9.82	20,131.63	20,131.63	20,131.63	
PURCHASED 1,822.173 SHS ON 04/29/2022 AT 9.52	17,347.09	17,347.09	17,347.09	
PURCHASED 1,930.313 SHS ON 05/31/2022 AT 9.48	18,299.37	18,299.37	18,299.37	
PURCHASED 2,228.23 SHS ON 06/30/2022 AT 9.35	20,833.95	20,833.95	20,833.95	
PURCHASED 2,173.954 SHS ON 07/29/2022 AT 9.48	20,609.08	20,609.08	20,609.08	
SOLD 21,436.227 SHS ON 08/26/2022 AT 9.33	200,000.00	222,852.69	200,000.00	22,852.69-
PURCHASED 2,177.337 SHS ON 08/31/2022 AT 9.25	20,140.37	20,140.37	20,140.37	
PURCHASED 2,269.056 SHS ON 09/30/2022 AT 8.87	20,126.53	20,126.53	20,126.53	
SOLD 56,818.182 SHS ON 10/11/2022 AT 8.80	500,000.00	590,192.49	500,000.00	90,192.49-
PURCHASED 2,194.096 SHS ON 10/31/2022 AT 8.64	18,956.99	18,956.99	18,956.99	

ACCOUNT STATEMENT

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UNITED MEMORIAL MEDICAL CENTER
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SOLD 29,171.529 SHS ON 11/07/2022 AT 8.57	250,000.00	302,838.73	250,000.00	52,838.73-
PURCHASED 1,980.589 SHS ON 11/30/2022 AT 8.85	17,528.21	17,528.21	17,528.21	
PURCHASED 2,080.39 SHS ON 12/30/2022 AT 8.77	18,245.02	18,245.02	18,245.02	
TOTAL	1,177,056.43	1,342,940.34	1,177,073.40	165,883.91-
TOTAL MUTUAL FUNDS/FIXED INCOME	1,177,056.43	1,342,940.34	1,177,073.40	165,883.91-
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		5,771,402.56		

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
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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 PENSION PLAN FOR EMPLOYEES OF UNITED MEMORIAL MEDICAL CENTER	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITED MEMORIAL MEDICAL CENTER	D Employer Identification Number (EIN) 16-0743029
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 21,726,244
b Actuarial value	2b 21,001,613
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants 236 (2) Vested Funding Target 9,832,346 (3) Total Funding Target 9,832,346
b For terminated vested participants	270 7,562,567 7,562,567
c For active participants	131 4,301,406 4,303,825
d Total	637 21,696,319 21,698,738
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 5.42%
6 Target normal cost	
a Present value of current plan year accruals	6a
b Expected plan-related expenses	6b 480,000
c Total (line 6a + line 6b)	6c 480,000

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	Todd Weber TEW	09/27/2023
	Signature of actuary	Date
TODD WEBER, E.A., M.A.A.A.		2306399
	Type or print name of actuary	Most recent enrollment number
MERCER		585-389-8700
	Firm name	Telephone number (including area code)
70 LINDEN OAKS SUITE 310 ROCHESTER NY 14625		
	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	1,682,137
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	762,048
9	Amount remaining (line 7 minus line 8)	0	920,089
10	Interest on line 9 using prior year's actual return of <u>8.58</u> %	0	78,944
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>5.60</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		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	999,033

Part III		Funding Percentages	
14	Funding target attainment percentage	14	92.18 %
15	Adjusted funding target attainment percentage	15	92.18 %
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	88.27 %
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
08/16/2023	80,000	0			
Totals ▶			18(b)	80,000	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0	
b Contributions made to avoid restrictions adjusted to valuation date	19b	0	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	73,436	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No			
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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	480,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,696,158	167,774	
b Waiver amortization installment			
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	647,774	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	582,996	582,996
36 Additional cash requirement (line 34 minus line 35)	36	64,778	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	73,436	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	8,658	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	8,658	
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
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