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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                     |                                                                     |                                                                  |
| <b>1a</b> Name of plan<br><u>R1 RCM INC. 401(K) PLAN</u>                                                                                                                                                                                                                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>001</u>                                                       |
| <b>1c</b> Effective date of plan<br><u>09/01/2005</u>                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                                  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><u>R1 RCM, INC.</u><br><br><u>433 W. ASCENSION WAY</u><br><u>SUITE 200</u><br><u>MURRAY, UT 84123</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>02-0698101</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>312-324-7820</u> |
|                                                                                                                                                                                                                                                                                                                                                                            | <b>2d</b> Business code (see instructions)<br><u>541990</u>         |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                                  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2023 | PAIGE HRUSKA                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                               |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>5</b> 12097                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 10832<br><b>6a(2)</b> 11397<br><b>6b</b> 13<br><b>6c</b> 2681<br><b>6d</b> 14091<br><b>6e</b> 13<br><b>6f</b> 14104<br><b>6g</b> 9393<br><b>6h</b> 244                                                                                                                                                                                                                                                                                                                                            |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2R 2T 3D 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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<br>R1 RCM INC. 401(K) PLAN                                                  | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>R1 RCM, INC.                     | D Employer Identification Number (EIN)<br>02-0698101 |     |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CHARLES SCHWAB & CO. INC & AFFIL                                                                           |
| 94-1737782                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                                         |
| 04-2647786                                                                                                 |

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

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

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

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

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

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

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

SCHWAB RET PLAN SERVICES, INC

34-1479833

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 26 50<br>64         | NONE                                                                                              | 418921                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STRATEGIC ADVISORS, INC.

04-2654524

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | ADVISOR                                                                                           | 151154                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 37 60 64<br>65 71      | RECORDKEEPER                                                                                      | 126593                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

FIDUCIENT ADVISOR LLC

36-4001764

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | INVESTMENT ADVISOR                                                                                | 35484                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ERNST YOUNG U.S. LLP

34-6565596

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT/AUDITOR                                                                                | 30750                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FORVIS, LLP

44-0160260

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | ACCOUNTANT/AUDITOR                                                                                | 17235                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| BAIRD AGGR BOND INST - US BANCORP<br><br>39-0281260                                           | 0.02%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| C&S INST REALTY SHS - SS&C GIDS, I<br>430 W 7TH STREET<br>STE 219432<br>KANSAS CITY, MO 64105 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                                       | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                            | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| RBC EMRG MKTS EQ I - U.S. BANK GLO<br>615 EAST MICHIGAN STREET<br>MILWAUKEE, WI 53202         | 0.15%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| INVESCO GOLD & SPEC MINERALS A 11 GREENWAY PLAZA STE 100<br>HOUSTON, TX 77046   | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AQR RISK BALANCED COMMOD STRATEGY 1 GREENWICH PLAZA<br>GREENWICH, CT 06830      | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| AMERICAN CENTURY SMALL CAP VALUE I 4400 MAIN ST 1ST FL<br>KANSAS CITY, MO 64111 | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| ARTISAN DEVELOPING WORLD FD INVEST 875 E WISCONSIN AVE STE 800 MILWAUKEE, WI 53202 | 0.39%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| BAIRD AGGREGATE BONDFUND INVESTOR 777 E. WISCONSIN AVE 18TH FL MILWAUKEE, WI 53202 | 0.27%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| CARILLON SCOUT MID CAP FUND CL I P. O. BOX 33022 ST PETERSBURG, FL 33733           | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DOUBLELINE TOTAL RT BOND FD CL N 777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202   | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| DOUBLELINE SHILLER ENHANCED CAP CL 777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                               | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PARAMETRIC COMMODITYSTRATEGIC CL TWO INTERNATIONAL PLACE<br>A BOSTON, MA 02110   | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| FMI LARGE CAP FUND<br>777 EAST WISCONSIN AVE<br>MILWAUKEE, WI 53202               | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| FEDERATED HERMES KAUFMANN SM CAP<br>I<br>4000 ERICSSON DR<br>WARRENDALE, PA 15086 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                           | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| FEDERATED HERMES MDT SMALL CAP<br>GRO<br>4000 ERICSSON DR<br>WARRENDALE, PA 15086 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| GAMCO GLOBAL GROWTH FUND CL I 401 THEODORE FREMD. AVE.<br>RYE, NY 10580            | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| GLENMEDE LARGE CAP GROWTH 1650 MARKET ST. STE 1200<br>PHILADELPHIA, PA 19103       | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                            | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                 | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| GUGGENHEIM TOTAL RETURN BOND CL P 9601 BLACKWELL RD STE 500<br>ROCKVILLE, MD 20850 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| THE HARTFORD DIV AND GROWTH FD CL 100 MATSONFORD RD STE 300<br>RADNOR, PA 19087 | 0.15%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| JANUS HENDERSON BALANCED T 151 DETROIT ST.<br>DENVER, CO 80206                  | 0.35%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| JANUS HENDERSON FORTY T 151 DETROIT ST.<br>DENVER, CO 80206                     | 0.35%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| JPMORGAN EMERGING MARKETS EQUITY C 1111 POLARIS PARKWAY COLUMBUS, OH 43240          | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| JPMORGAN MID CAP GROWTH FUDN CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240          | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                  | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| LAZARD GLOBAL LISTEDINFRASTRUCTURE 30 ROCKEFELLER PLAZA 57TH FL. NEW YORK, NY 10112 | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| MFS INTERNATIONAL DIVERSIFICATION 111 HUNTINGTON AVE<br>BOSTON, MA 02199              | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| METROPOLITAN WEST TOTAL RETURN<br>CLA 865 S FIGUEROA ST 1400<br>LOS ANGELES, CA 90017 | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                               | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                                    | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| METWEST UNCONSTRAINED BOND M 865 S FIGUEROA ST 1400<br>LOS ANGELES, CA 90017          | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| RED OAK TECHNOLOGY SELECT<br>225 PICTORIA DR STE 450<br>CINCINNATI, OH 45246 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PIMCO INTL BD FD U SDOLLAR HEDGED<br>1633 BROADWAY<br>NEW YORK, NY 10019     | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                      | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                           | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| PIMCO INCOME FUND CL A<br>1633 BROADWAY<br>NEW YORK, NY 10019                | 0.40%                                                                                                                                                              |                                           |

**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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (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. |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRINCIPAL DIVERSIFIED REAL ASSET F 620 COOLIDGE DR STE 300<br>FOLSOM, CA 95630 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (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. |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AKRE FOCUS FUND RETAIL 777 E. WISCONSIN AVE. 4TH FL<br>MILWAUKEE, WI 53202 | 0.40%                                                                                                                                                              |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                      | 60                                      | 0                                         |

| (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. |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BOSTON PARTNERS ALL CAP VALUE INVS 223 WILMINGTON W CHESTER PIKE 216<br>CHADDS FORD, PA 19317 | 0.40%                                                                                                                                                              |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| SEGALL BRYANT HAMILL PLUS BOND FD 370 17TH ST STE 5000<br>DENVER, CO 80202      | 0.30%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| TRANSAMERICA CAPITAL GROWTH CL I 4333 EDGEWOOD RD NE<br>CEDAR RAPIDS, IA 52499  | 0.10%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                         | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                              | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| USAA PRECIOUS METALS AND MINERALS 4900 TIEDEMAN RD 4TH FL<br>BROOKLYN, OH 44114 | 0.10%                                                                                                                                                              |                                           |

**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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FIDELITY INVESTMENTS INSTITUTIONAL                                     | 60                                                                                                                                                                 | 0                                         |
| (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. |                                           |
| VIRTUS SGA GLOBAL GROWTH A 100 SUMMIT LAKE DR 201 GREENFIELD, MA 01301 | 0.40%                                                                                                                                                              |                                           |
| (a) Enter service provider name as it appears on line 2                | (b) Service Codes<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

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

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>R1 RCM INC. 401(K) PLAN                                                  | B Three-digit plan number (PN) ►                     | 001 |
|                                                                                            |                                                      |     |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>R1 RCM, INC.              | D Employer Identification Number (EIN)<br>02-0698101 |     |

|        |                                                                                                                                                                           |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                         |                     |
|-----------------------------------------|---------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | MORLEY STABLE VALUE |
|-----------------------------------------|---------------------|

|                                            |                                     |
|--------------------------------------------|-------------------------------------|
| b Name of sponsor of entity listed in (a): | PRINCIPAL GLOBAL INVESTORS TRUST CO |
|--------------------------------------------|-------------------------------------|

|                         |                 |                                                                                                       |
|-------------------------|-----------------|-------------------------------------------------------------------------------------------------------|
| c EIN-PN 93-6274329-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13918699 |
|-------------------------|-----------------|-------------------------------------------------------------------------------------------------------|

|                                         |  |  |
|-----------------------------------------|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |  |
|-----------------------------------------|--|--|

|                                            |  |  |
|--------------------------------------------|--|--|
| b Name of sponsor of entity listed in (a): |  |  |
|--------------------------------------------|--|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |  |
|-----------------------------------------|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |  |
|-----------------------------------------|--|--|

|                                            |  |  |
|--------------------------------------------|--|--|
| b Name of sponsor of entity listed in (a): |  |  |
|--------------------------------------------|--|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |  |
|-----------------------------------------|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |  |
|-----------------------------------------|--|--|

|                                            |  |  |
|--------------------------------------------|--|--|
| b Name of sponsor of entity listed in (a): |  |  |
|--------------------------------------------|--|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |  |
|-----------------------------------------|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |  |
|-----------------------------------------|--|--|

|                                            |  |  |
|--------------------------------------------|--|--|
| b Name of sponsor of entity listed in (a): |  |  |
|--------------------------------------------|--|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |  |
|-----------------------------------------|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |  |
|-----------------------------------------|--|--|

|                                            |  |  |
|--------------------------------------------|--|--|
| b Name of sponsor of entity listed in (a): |  |  |
|--------------------------------------------|--|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

|                                         |  |  |
|-----------------------------------------|--|--|
| a Name of MTIA, CCT, PSA, or 103-12 IE: |  |  |
|-----------------------------------------|--|--|

|                                            |  |  |
|--------------------------------------------|--|--|
| b Name of sponsor of entity listed in (a): |  |  |
|--------------------------------------------|--|--|

|          |               |                                                                                              |
|----------|---------------|----------------------------------------------------------------------------------------------|
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|----------|---------------|----------------------------------------------------------------------------------------------|

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

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

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b>                                               | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |                                                                    |            |  |  |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>A</b> Name of plan<br><u>R1 RCM INC. 401(K) PLAN</u>                                                                                                                                                                                                                  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>B</b> Three-digit plan number (PN) ►             </td> <td style="width: 20%; padding: 5px; text-align: center;"> <b>001</b> </td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> |                                                                                           | <b>B</b> Three-digit plan number (PN) ►                            | <b>001</b> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                  | <b>001</b>                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                                    |            |  |  |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>R1 RCM, INC.</u>                                                                                                                                                                                     | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>D</b> Employer Identification Number (EIN)<br/> <u>02-0698101</u> </td> <td style="width: 20%;"></td> </tr> </table>                                                                                     |                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><u>02-0698101</u> |            |  |  |
| <b>D</b> Employer Identification Number (EIN)<br><u>02-0698101</u>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                         |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b> 0             | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                         |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b> 342947     | 452979          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b> 1060931    | 1383584         |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b> 0          | 648012          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                         |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b> 4918219    | 147215          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b> 0          | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                         |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b> 0       | 0               |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b> 0       | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                         |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b> 0       | 0               |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b> 0       | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b> 0          | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b> 0          | 0               |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b> 0          | 0               |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b> 3612706    | 5932268         |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b> 0          | 13918699        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b> 0         | 0               |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b> 0         | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b> 0         | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b> 198779817 | 342841584       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b> 0         | 0               |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b> 2886263   | 4036766         |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities .....                                        | 1d(1) | 0                     | 0               |
| (2) Employer real property .....                                     | 1d(2) | 0                     | 0               |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    | 0                     | 0               |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 211600883             | 369361107       |

**Liabilities**

|                                                                           |    |        |        |
|---------------------------------------------------------------------------|----|--------|--------|
| <b>g</b> Benefit claims payable .....                                     | 1g | 0      | 0      |
| <b>h</b> Operating payables .....                                         | 1h | 0      | 0      |
| <b>i</b> Acquisition indebtedness .....                                   | 1i | 0      | 0      |
| <b>j</b> Other liabilities .....                                          | 1j | 261015 | 474564 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 261015 | 474564 |

**Net Assets**

|                                                           |    |           |           |
|-----------------------------------------------------------|----|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 211339868 | 368886543 |
|-----------------------------------------------------------|----|-----------|-----------|

**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 Contributions:**

|                                                                                                            |          | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | 2a(1)(A) | 9841037    |           |
| <b>(B)</b> Participants .....                                                                              | 2a(1)(B) | 32386572   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | 2a(1)(C) | 15782657   |           |
| (2) Noncash contributions .....                                                                            | 2a(2)    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | 2a(3)    |            | 58010266  |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |          |        |        |
|------------------------------------------------------------------------------------------------------|----------|--------|--------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) | 14882  |        |
| <b>(B)</b> U.S. Government securities .....                                                          | 2b(1)(B) | 0      |        |
| <b>(C)</b> Corporate debt instruments .....                                                          | 2b(1)(C) | 0      |        |
| <b>(D)</b> Loans (other than to participants) .....                                                  | 2b(1)(D) | 0      |        |
| <b>(E)</b> Participant loans .....                                                                   | 2b(1)(E) | 188122 |        |
| <b>(F)</b> Other .....                                                                               | 2b(1)(F) | 0      |        |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | 2b(1)(G) |        | 203004 |

|                                                                                           |          |         |         |
|-------------------------------------------------------------------------------------------|----------|---------|---------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | 2b(2)(A) | 221     |         |
| <b>(B)</b> Common stock .....                                                             | 2b(2)(B) | 2770    |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | 2b(2)(C) | 6079419 |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | 2b(2)(D) |         | 6082410 |

|                 |       |  |   |
|-----------------|-------|--|---|
| (3) Rents ..... | 2b(3) |  | 0 |
|-----------------|-------|--|---|

|                                                                                           |          |         |         |
|-------------------------------------------------------------------------------------------|----------|---------|---------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | 2b(4)(A) | 5023281 |         |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | 2b(4)(B) | 5157129 |         |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | 2b(4)(C) |         | -133848 |

|                                                                                                       |          |         |         |
|-------------------------------------------------------------------------------------------------------|----------|---------|---------|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                    | 2b(5)(A) | 0       |         |
| <b>(B)</b> Other .....                                                                                | 2b(5)(B) | -290056 |         |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | 2b(5)(C) |         | -290056 |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 101831    |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            | 0         |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -36781902 |
| c Other income .....                                                                            | 2c     |            | -617990   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 26573715  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 25648913   |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  | 0          |           |
| (3) Other .....                                                                                 | 2e(3)  | 0          |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 25648913  |
| f Corrective distributions (see instructions) .....                                             | 2f     |            | 72646     |
| g Certain deemed distributions of participant loans (see instructions) .....                    | 2g     |            | 9474      |
| h Interest expense .....                                                                        | 2h     |            | 0         |
| i Administrative expenses: (1) Professional fees .....                                          | 2i(1)  | 0          |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  | 0          |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 168916     |           |
| (4) Other .....                                                                                 | 2i(4)  | 598895     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 767811    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 26498844  |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 74871     |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            | 157471804 |
| (2) From this plan .....                                                                        | 2l(2)  |            | 0         |

**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: ERNST & YOUNG, LLP

(2) EIN: 34-6565596

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|    | Yes | No | Amount  |
|----|-----|----|---------|
| 4a | X   |    | 1293046 |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>b</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.) |     |    |          |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>c</b> 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.)                                                                                                                             |     |    |          |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>d</b> 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.)                                                                                                                  |     |    |          |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>g</b> 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?                                                                                                                                       |     |    |          |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>h</b> 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?                                                                                                                             |     |    |          |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |          |
| <b>j</b> 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.)                                                                                     |     |    |          |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |          |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |          |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |          |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  | X   |    |          |
| <b>n</b> 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.                                                                                                                        |     |    |          |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  | 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 \_\_\_\_\_.

|                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                            | <div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>R1 RCM INC. 401(K) PLAN                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>R1 RCM, INC.                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>02-0698101                                            |
| 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):<br><br>EIN(s): 04-6568107 82-3967259<br><br>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                    |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | 3                                                                                               |
| Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?.....                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 11 a Does the ESOP hold any preferred stock?.....                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.).....                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                           |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

R1 RCM Inc. 401(k) Plan  
Years Ended December 31, 2022 and 2021  
With Report of Independent Auditors

Ernst & Young LLP



R1 RCM Inc. 401(k) Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2022 and 2021

**Contents**

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## **Report of Independent Auditors**

The Plan Administrator  
R1 RCM Inc. 401(k) Plan

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

We have performed audits of the financial statements of R1 RCM Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the 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.



- 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

### **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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 schedules of assets (held at end of year) as of December 31, 2022, and delinquent participant contributions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’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 Department of Labor’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).

*Ernst & Young LLP*

October 16, 2023

## R1 RCM Inc. 401(k) Plan

### Statements of Net Assets Available for Benefits

|                                    | <b>December 31</b>    |                |
|------------------------------------|-----------------------|----------------|
|                                    | <b>2022</b>           | <b>2021</b>    |
| <b>Assets</b>                      |                       |                |
| Investments, at fair value         | <b>\$ 360,944,264</b> | \$ 206,584,299 |
| Notes receivable from participants | <b>5,932,268</b>      | 3,612,706      |
| Contributions receivable:          |                       |                |
| Participant                        | <b>1,383,584</b>      | 1,060,931      |
| Employer                           | <b>452,979</b>        | 342,947        |
| Other receivable                   | <b>648,012</b>        | —              |
| Total assets                       | <b>369,361,107</b>    | 211,600,883    |
| <b>Liabilities</b>                 |                       |                |
| Return of excess contributions     | <b>474,564</b>        | 261,015        |
| Net assets available for benefits  | <b>\$ 368,886,543</b> | \$ 211,339,868 |

*See accompanying notes.*

# R1 RCM Inc. 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits

|                                                              | <b>Year Ended December 31</b> |                              |
|--------------------------------------------------------------|-------------------------------|------------------------------|
|                                                              | <b>2022</b>                   | <b>2021</b>                  |
| <b>Investment (Loss) Income</b>                              |                               |                              |
| Net (depreciation) appreciation in fair value of investments | \$ (37,721,965)               | \$ 20,578,295                |
| Dividend and interest income                                 | 6,097,292                     | 3,599,950                    |
| Interest Income on Notes Receivable from Participants        | 188,122                       | 142,974                      |
| <b>Contributions</b>                                         |                               |                              |
| Employer                                                     | 9,841,037                     | 8,365,396                    |
| Participants                                                 | 32,386,572                    | 27,479,680                   |
| Rollover                                                     | 15,782,657                    | 9,360,223                    |
|                                                              | <u>26,573,715</u>             | <u>69,526,518</u>            |
| <b>Deductions</b>                                            |                               |                              |
| Benefits paid to participants                                | 25,731,033                    | 20,337,355                   |
| Administrative expenses                                      | 767,811                       | 577,576                      |
|                                                              | <u>26,498,844</u>             | <u>20,914,931</u>            |
| Net increase before transfers                                | 74,871                        | 48,611,587                   |
| Transfer from other qualified plan                           | 157,471,804                   | 5,572,929                    |
| Net increase                                                 | <u>157,546,675</u>            | <u>54,184,516</u>            |
| Net assets available for benefits at beginning of year       | 211,339,868                   | 157,155,352                  |
| Net assets available for benefits at end of year             | <u><u>\$ 368,886,543</u></u>  | <u><u>\$ 211,339,868</u></u> |

*See accompanying notes.*

# R1 RCM Inc. 401(k) Plan

## Notes to Financial Statements

December 31, 2022 and 2021

### **1. Description of the Plan**

The following description of R1 RCM Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. Copies of the plan document are available from the Human Resources Department of R1 RCM Inc. (the Employer, the Company, or the Plan Sponsor).

#### **General**

The Plan was established on September 1, 2005, and is a contributory, defined contribution plan covering all eligible employees of the Plan Sponsor. Prior to the transfer to Fidelity (see section below), an employee became eligible to participate in the Plan upon attainment of age 21. After the transfer, the minimum age was lowered to 18. There is no service requirement to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

#### **Transfer to Fidelity**

Effective July 1, 2022, the Plan transferred its trustee and record-keeper services from Charles Schwab Trust Bank to Fidelity Management Trust Company and Fidelity Workplace Services, LLC, respectively.

#### **Plan Mergers**

On May 8, 2018, the Plan Sponsor completed the acquisition of Intermedix Holdings, Inc. (Intermedix), and on July 27, 2022, the Intermedix Staffing 401(k) Plan was merged into the Plan. Former Intermedix employees became eligible to participate in the Plan on July 27, 2022. The net assets transferred to the Plan in the amount of \$58,765,584 are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan in 2022.

On June 21, 2022, the Plan Sponsor completed the acquisition of Revint Holdings, LLC (Cloudmed), and on December 30, 2022, the Cloudmed Solutions 401(k) Plan net assets were transferred into the Plan. Effective January 1, 2023, the Cloudmed Solutions 401(k) Plan was merged into the Plan and former Cloudmed employees became eligible to participate in the Plan. The net assets transferred to the Plan in the amount of \$98,706,220 are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan in 2022, which includes a safe harbor true-up employer contribution match in the amount of \$648,012.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 1. Description of the Plan (continued)

Additionally, the net assets transferred are reflected in the statement of net assets available for benefits as investments, at fair value, with the exception of the safe harbor true-up employer contribution amount of \$648,012, which is reflected as an Other receivable as of December 31, 2022.

On July 1, 2021, the Plan Sponsor completed the acquisition of iVinci Partners, LLC d/b/a VisitPay (VisitPay), and on November 15, 2021, the VisitPay 401(k) Plan was merged into the Plan. Former VisitPay employees became eligible to participate in the Plan on October 1, 2021. The net assets transferred to the Plan are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan in 2021.

#### Contributions

The Plan allows eligible participants to elect to defer a portion of their compensation, as defined, on a pretax or a Roth after-tax basis. This amount may not exceed the limit imposed each year by the Internal Revenue Service (the IRS). Participants may also contribute amounts representing distributions from other qualified plans, as defined in the plan document. Participants age 50 and over may make catch-up contributions. Prior to the transfer to Fidelity, the Plan provided for an automatic savings increase program. A participant's pretax deferral percentage would increase by 1% annually until such time as the combined pretax and Roth deferrals reach 15% unless the participant elects to change his or her deferral. After July 1, 2022, the Plan provided an option to participants to enroll in an annual increase program when starting their deferrals. Under the program, participants may elect to establish regular annual increases to their contribution amount.

The Employer may make discretionary matching contributions. The Company's matching contribution was 50% on the first 6% deferred by participants. In addition, annual discretionary contributions may be made in an amount determined by the Plan Sponsor. No such contributions were made for the 2022 or 2021 plan years.

Participants direct their elective contributions into various investment options offered by the Plan, including a self-directed brokerage feature, and can change their investment options on a daily basis. The Company's contributions are allocated in the same manner as that of the participant's elective contributions.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **1. Description of the Plan (continued)**

##### **Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's discretionary matching contributions and discretionary contributions, if any, and (b) the Plan's earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All amounts in participant accounts are participant-directed.

##### **Vesting and Payment of Benefits**

A participant is always fully vested in participant contributions and earnings thereon. Participants hired prior to July 1, 2017 are always fully vested in their employer contributions and earnings thereon. Participants hired after July 1, 2017 are subject to a three-year cliff vesting on employer contributions and earnings thereon. However, employer contributions are subject to a two-year cliff vesting for participants who previously participated in the Intermedix Staffing 401(k) Plan, regardless of whether the contribution was made to their Intermedix Staffing 401(k) or Plan account. Forfeitures resulting from employee terminations are used to offset future employer contributions and pay administrative expenses. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$281,032 and \$245,511, respectively.

On termination of service due to disability, retirement, or termination of employment, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump sum or installment payments. In-service and hardship withdrawals are permitted under certain circumstances.

##### **Participant Loans**

Generally, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range up to 5 years or up to 10 years for the purchase of a primary residence (after July 1, 2022). The loans are secured by the balance in the participant's account and bear a reasonable rate of interest. Principal and interest are paid ratably through payroll deductions or paid directly to the record keeper after termination.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **1. Description of the Plan (continued)**

##### **Administrative Expenses**

The Plan's administrative expenses are paid by either the Plan or the Plan Sponsor, as provided by the Plan's provisions. Administrative expenses paid by Plan include record-keeping and trustee fees. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. Loan fees are paid by affected participants. All other administrative expenses of the Plan are paid by the Plan Sponsor and are excluded from these financial statements.

##### **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination or partial termination, the account of each affected participant shall become fully vested.

#### **2. Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Excess Contribution Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions on the balance sheet to the applicable participants prior to March 15 of the subsequent year.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **2. Significant Accounting Policies (continued)**

##### **Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

##### **Investment Valuation and Income Recognition**

Investments held by the Plan are stated at fair value. Fair value is defined as 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 (an exit price). See Note 4 for further discussion of fair value measurements.

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

##### **Notes Receivable From Participants**

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance, plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

#### **3. Investments**

Certain investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2022 and 2021, and net (depreciation) appreciation in fair value of investments, dividend and interest income, and interest income on notes receivable from participants for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustees of the Plan for the 2022 and 2021 plan years.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:
  - Quoted prices for similar assets and liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in markets that are not active
  - Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

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

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements (continued)

Descriptions of the valuation techniques and inputs used for each general type of asset measured at fair value by the Plan are as follows:

*Mutual funds and exchange-traded funds:* Valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end.

*Money market cash account:* Valued at \$1.00 par, which represent the NAV of shares held by the Plan at year-end.

*Self-directed brokerage accounts:* Accounts primarily consist of registered investment companies, interest-bearing cash, and common stock. Registered investment companies are valued at quoted market prices, which represent the NAV of shares held by the Plan at year-end. Common stock is valued at the closing price reported in the active market in which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value:

|                                          | Level 1               | Level 2     | Level 3     | Total                 |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
| <b>December 31, 2022</b>                 |                       |             |             |                       |
| Mutual funds                             | \$ 342,841,584        | \$ —        | \$ —        | \$ 342,841,584        |
| Self-directed brokerage account          | 4,036,766             | —           | —           | 4,036,766             |
| Money market cash account                | 147,215               | —           | —           | 147,215               |
| Total assets in the fair value hierarchy | <u>\$ 347,025,565</u> | <u>\$ —</u> | <u>\$ —</u> | <u>347,025,565</u>    |
| Investments measured at NAV*             |                       |             |             |                       |
| Common/collective trust                  |                       |             |             | 13,918,699            |
| Total investments at fair value          |                       |             |             | <u>\$ 360,944,264</u> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits. There are no participant redemption restrictions for this investment or unfunded commitments. The redemption notice period is only applicable to the Plan and does not apply to individual participant transactions, which are allowed daily.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements (continued)

|                                 | Level 1               | Level 2     | Level 3     | Total                 |
|---------------------------------|-----------------------|-------------|-------------|-----------------------|
| <b>December 31, 2021</b>        |                       |             |             |                       |
| Exchange-traded funds           | \$ 198,779,817        | \$ –        | \$ –        | \$ 198,779,817        |
| Self-directed brokerage account | 2,886,263             | –           | –           | 2,886,263             |
| Money market cash account       | 4,918,219             | –           | –           | 4,918,219             |
| Total investments at fair value | <u>\$ 206,584,299</u> | <u>\$ –</u> | <u>\$ –</u> | <u>\$ 206,584,299</u> |

#### 5. Income Tax Status

The underlying pre-approved plan has received an opinion letter from the IRS dated June 30, 2020, stating that the written form of the underlying pre-approved document is qualified under Section 401 of the Internal Revenue Code (the Code). Any employer adopting this form of the plan will be considered to have a plan qualified under Section 401 of the Code, and, therefore, the related trust is tax-exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

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. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### 6. Related-Party and Party-in-Interest Transactions

Certain plan investments are mutual funds, exchange-traded funds, and money market accounts managed by the trustees of the Plan for the 2022 and 2021 plan years. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

#### 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **7. Risks and Uncertainties (continued)**

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 participants' account balances and the amounts reported on the statements of net assets available for benefits.

#### **8. Subsequent Events**

Management evaluated subsequent events for the Plan through October 16, 2023, the date the accompanying financial statements were available to be issued. Other than the following, there were no subsequent events that have occurred which would require adjustments to or disclosure in the Plan's financial statements.

##### **Plan Name**

Effective January 1, 2023, the Plan changed its name to R1 RCM Holdco, Inc. 401(k) Plan.

##### **Contributions**

Effective January 1, 2023, the Company's matching contribution is 100% on the first 3% and 50% on the next 2% deferred by participants.

# Supplemental Schedules

# R1 RCM Inc. 401(k) Plan

EIN #02-0698101 Plan #001

## Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2022

| Participant Contributions<br>Transferred Late to Plan                  |            | Total that Constitute<br>Non-exempt Prohibited Transactions |                                            |                                                   | Totally Fully<br>Corrected<br>Under VFCP<br>and PTE<br>2002-51 |
|------------------------------------------------------------------------|------------|-------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|----------------------------------------------------------------|
| Check here if Late Participant<br>Loan Repayments are Included:<br>[X] |            | Contributions Not<br>Corrected                              | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                                |
| 2018*                                                                  | \$ 308,206 | \$ 308,206                                                  | –                                          | –                                                 | –                                                              |
| 2019*                                                                  | \$ 593,088 | \$ 593,088                                                  | –                                          | –                                                 | –                                                              |
| 2020*                                                                  | \$ 391,752 | \$ 391,752                                                  | –                                          | –                                                 | –                                                              |

\* As a result of the Cloudmed acquisition, the Cloudmed Solutions 401(k) Plan (the Cloudmed Plan) net assets were transferred into the Plan on December 30, 2022. Under the Cloudmed Plan, during 2018, the company failed to remit certain employee contributions and loan repayments totaling \$308,206, within the period prescribed by the Department of Labor regulations. During 2020, the company made contributions to the affected participants' accounts to compensate those participants for potential lost income due to processing delays and expects to take action prescribed by the regulations to remedy such errors.

During 2020 and 2019, the company failed to remit certain employee contributions and loan repayments totaling \$391,752 and \$593,088, respectively, within the period prescribed by the Department of Labor regulations. During 2022, the company made contributions to the affected participants' accounts to compensate those participants for potential lost income due to processing delays and expects to take action prescribed by the regulations to remedy such errors.

The company will file a Form 5330, Return of Excise Taxes Related to Employee Benefit Plans, as soon as administratively possible.

# R1 RCM Inc. 401(k) Plan

EIN #02-0698101 Plan #001

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

December 31, 2022

| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment, Including Maturity<br>Date, Rate of Interest, Par, or Maturity Value | Number of<br>Shares | Current<br>Value      |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------|-----------------------|
| * Fidelity                                                | U.S. Bond Index Fund                                                                            | 3,295,919           | \$ 33,552,455         |
| * Fidelity                                                | 500 Index Fund                                                                                  | 461,762             | 61,469,735            |
| * Fidelity                                                | International Index Fund                                                                        | 581,097             | 23,935,373            |
| * Fidelity                                                | Extended Market Index Fund                                                                      | 459,508             | 28,958,221            |
| * Fidelity                                                | Freedom Index Income Fund Institutional Premium Class                                           | 115,715             | 1,264,760             |
| * Fidelity                                                | Freedom Index 2005 Fund Institutional Premium Class                                             | 3,029               | 36,161                |
| * Fidelity                                                | Freedom Index 2010 Fund Institutional Premium Class                                             | 14,132              | 169,305               |
| * Fidelity                                                | Freedom Index 2015 Fund Institutional Premium Class                                             | 64,678              | 837,578               |
| * Fidelity                                                | Freedom Index 2020 Fund Institutional Premium Class                                             | 240,455             | 3,390,419             |
| * Fidelity                                                | Freedom Index 2025 Fund Institutional Premium Class                                             | 601,987             | 9,577,618             |
| * Fidelity                                                | Freedom Index 2030 Fund Institutional Premium Class                                             | 818,075             | 13,743,657            |
| * Fidelity                                                | Freedom Index 2035 Fund Institutional Premium Class                                             | 679,101             | 12,712,765            |
| * Fidelity                                                | Freedom Index 2040 Fund Institutional Premium Class                                             | 803,124             | 15,227,226            |
| * Fidelity                                                | Freedom Index 2045 Fund Institutional Premium Class                                             | 554,417             | 10,916,468            |
| * Fidelity                                                | Freedom Index 2050 Fund Institutional Premium Class                                             | 875,102             | 17,257,020            |
| * Fidelity                                                | Freedom Index 2055 Fund Institutional Premium Class                                             | 686,814             | 11,146,991            |
| * Fidelity                                                | Freedom Index 2060 Fund Institutional Premium Class                                             | 585,530             | 8,045,187             |
| * Fidelity                                                | Government Money Market Fund Class K6                                                           | 147,215             | 147,215               |
| * Fidelity                                                | Freedom Index 2065 Fund Institutional Premium Class                                             | 128,705             | 1,429,910             |
| * Fidelity                                                | Growth Company K6 Fund                                                                          | 2,038,054           | 31,365,654            |
| Self-Directed Brokerage<br>Account                        | Various investments                                                                             | –                   | 4,036,766             |
| Morley                                                    | Stable Value Fund                                                                               | 496,393             | 13,918,699            |
| PIMCO                                                     | RAE US Fund Institutional Class                                                                 | 1,689,317           | 20,440,731            |
| Baird                                                     | Aggregate Bond Fund                                                                             | 449,620             | 4,316,348             |
| Cohen & Steers                                            | Institutional Realty Shares Fund                                                                | 54,024              | 2,299,261             |
| Vanguard                                                  | Inflation-Protected Securities Fund Admiral Shares                                              | 168,157             | 3,892,838             |
| American Century                                          | Small Cap Value Fund R6 Class                                                                   | 432,281             | 3,951,048             |
| American Funds                                            | EuroPacific Growth Fund Class R-6                                                               | 142,773             | 7,000,163             |
| RBC                                                       | Emerging Markets Equity Fund Class I                                                            | 950,184             | 10,765,582            |
| ClearBridge                                               | Small Cap Growth Fund Class IS                                                                  | 137,704             | 5,139,110             |
|                                                           |                                                                                                 |                     | 360,944,264           |
| * Participant loans                                       | Varying maturity dates, with interest rates ranging from<br>3.25% – 8.00%                       |                     | 5,932,268             |
|                                                           |                                                                                                 |                     | <u>\$ 366,876,532</u> |

\* Indicates party in interest to the Plan.

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FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

R1 RCM Inc. 401(k) Plan  
Years Ended December 31, 2022 and 2021  
With Report of Independent Auditors

Ernst & Young LLP



R1 RCM Inc. 401(k) Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2022 and 2021

**Contents**

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## **Report of Independent Auditors**

The Plan Administrator  
R1 RCM Inc. 401(k) Plan

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

We have performed audits of the financial statements of R1 RCM Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the 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.



- 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

### **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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 schedules of assets (held at end of year) as of December 31, 2022, and delinquent participant contributions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’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 Department of Labor’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).

*Ernst & Young LLP*

October 16, 2023

## R1 RCM Inc. 401(k) Plan

### Statements of Net Assets Available for Benefits

|                                    | <b>December 31</b>    |                |
|------------------------------------|-----------------------|----------------|
|                                    | <b>2022</b>           | <b>2021</b>    |
| <b>Assets</b>                      |                       |                |
| Investments, at fair value         | <b>\$ 360,944,264</b> | \$ 206,584,299 |
| Notes receivable from participants | <b>5,932,268</b>      | 3,612,706      |
| Contributions receivable:          |                       |                |
| Participant                        | <b>1,383,584</b>      | 1,060,931      |
| Employer                           | <b>452,979</b>        | 342,947        |
| Other receivable                   | <b>648,012</b>        | —              |
| Total assets                       | <b>369,361,107</b>    | 211,600,883    |
| <b>Liabilities</b>                 |                       |                |
| Return of excess contributions     | <b>474,564</b>        | 261,015        |
| Net assets available for benefits  | <b>\$ 368,886,543</b> | \$ 211,339,868 |

*See accompanying notes.*

# R1 RCM Inc. 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits

|                                                              | <b>Year Ended December 31</b> |                              |
|--------------------------------------------------------------|-------------------------------|------------------------------|
|                                                              | <b>2022</b>                   | <b>2021</b>                  |
| <b>Investment (Loss) Income</b>                              |                               |                              |
| Net (depreciation) appreciation in fair value of investments | \$ (37,721,965)               | \$ 20,578,295                |
| Dividend and interest income                                 | 6,097,292                     | 3,599,950                    |
| Interest Income on Notes Receivable from Participants        | 188,122                       | 142,974                      |
| <b>Contributions</b>                                         |                               |                              |
| Employer                                                     | 9,841,037                     | 8,365,396                    |
| Participants                                                 | 32,386,572                    | 27,479,680                   |
| Rollover                                                     | 15,782,657                    | 9,360,223                    |
|                                                              | <u>26,573,715</u>             | <u>69,526,518</u>            |
| <b>Deductions</b>                                            |                               |                              |
| Benefits paid to participants                                | 25,731,033                    | 20,337,355                   |
| Administrative expenses                                      | 767,811                       | 577,576                      |
|                                                              | <u>26,498,844</u>             | <u>20,914,931</u>            |
| Net increase before transfers                                | 74,871                        | 48,611,587                   |
| Transfer from other qualified plan                           | 157,471,804                   | 5,572,929                    |
| Net increase                                                 | <u>157,546,675</u>            | <u>54,184,516</u>            |
| Net assets available for benefits at beginning of year       | 211,339,868                   | 157,155,352                  |
| Net assets available for benefits at end of year             | <u><u>\$ 368,886,543</u></u>  | <u><u>\$ 211,339,868</u></u> |

*See accompanying notes.*

# R1 RCM Inc. 401(k) Plan

## Notes to Financial Statements

December 31, 2022 and 2021

### **1. Description of the Plan**

The following description of R1 RCM Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. Copies of the plan document are available from the Human Resources Department of R1 RCM Inc. (the Employer, the Company, or the Plan Sponsor).

#### **General**

The Plan was established on September 1, 2005, and is a contributory, defined contribution plan covering all eligible employees of the Plan Sponsor. Prior to the transfer to Fidelity (see section below), an employee became eligible to participate in the Plan upon attainment of age 21. After the transfer, the minimum age was lowered to 18. There is no service requirement to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

#### **Transfer to Fidelity**

Effective July 1, 2022, the Plan transferred its trustee and record-keeper services from Charles Schwab Trust Bank to Fidelity Management Trust Company and Fidelity Workplace Services, LLC, respectively.

#### **Plan Mergers**

On May 8, 2018, the Plan Sponsor completed the acquisition of Intermedix Holdings, Inc. (Intermedix), and on July 27, 2022, the Intermedix Staffing 401(k) Plan was merged into the Plan. Former Intermedix employees became eligible to participate in the Plan on July 27, 2022. The net assets transferred to the Plan in the amount of \$58,765,584 are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan in 2022.

On June 21, 2022, the Plan Sponsor completed the acquisition of Revint Holdings, LLC (Cloudmed), and on December 30, 2022, the Cloudmed Solutions 401(k) Plan net assets were transferred into the Plan. Effective January 1, 2023, the Cloudmed Solutions 401(k) Plan was merged into the Plan and former Cloudmed employees became eligible to participate in the Plan. The net assets transferred to the Plan in the amount of \$98,706,220 are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan in 2022, which includes a safe harbor true-up employer contribution match in the amount of \$648,012.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 1. Description of the Plan (continued)

Additionally, the net assets transferred are reflected in the statement of net assets available for benefits as investments, at fair value, with the exception of the safe harbor true-up employer contribution amount of \$648,012, which is reflected as an Other receivable as of December 31, 2022.

On July 1, 2021, the Plan Sponsor completed the acquisition of iVinci Partners, LLC d/b/a VisitPay (VisitPay), and on November 15, 2021, the VisitPay 401(k) Plan was merged into the Plan. Former VisitPay employees became eligible to participate in the Plan on October 1, 2021. The net assets transferred to the Plan are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan in 2021.

#### Contributions

The Plan allows eligible participants to elect to defer a portion of their compensation, as defined, on a pretax or a Roth after-tax basis. This amount may not exceed the limit imposed each year by the Internal Revenue Service (the IRS). Participants may also contribute amounts representing distributions from other qualified plans, as defined in the plan document. Participants age 50 and over may make catch-up contributions. Prior to the transfer to Fidelity, the Plan provided for an automatic savings increase program. A participant's pretax deferral percentage would increase by 1% annually until such time as the combined pretax and Roth deferrals reach 15% unless the participant elects to change his or her deferral. After July 1, 2022, the Plan provided an option to participants to enroll in an annual increase program when starting their deferrals. Under the program, participants may elect to establish regular annual increases to their contribution amount.

The Employer may make discretionary matching contributions. The Company's matching contribution was 50% on the first 6% deferred by participants. In addition, annual discretionary contributions may be made in an amount determined by the Plan Sponsor. No such contributions were made for the 2022 or 2021 plan years.

Participants direct their elective contributions into various investment options offered by the Plan, including a self-directed brokerage feature, and can change their investment options on a daily basis. The Company's contributions are allocated in the same manner as that of the participant's elective contributions.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **1. Description of the Plan (continued)**

##### **Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's discretionary matching contributions and discretionary contributions, if any, and (b) the Plan's earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All amounts in participant accounts are participant-directed.

##### **Vesting and Payment of Benefits**

A participant is always fully vested in participant contributions and earnings thereon. Participants hired prior to July 1, 2017 are always fully vested in their employer contributions and earnings thereon. Participants hired after July 1, 2017 are subject to a three-year cliff vesting on employer contributions and earnings thereon. However, employer contributions are subject to a two-year cliff vesting for participants who previously participated in the Intermedix Staffing 401(k) Plan, regardless of whether the contribution was made to their Intermedix Staffing 401(k) or Plan account. Forfeitures resulting from employee terminations are used to offset future employer contributions and pay administrative expenses. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$281,032 and \$245,511, respectively.

On termination of service due to disability, retirement, or termination of employment, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump sum or installment payments. In-service and hardship withdrawals are permitted under certain circumstances.

##### **Participant Loans**

Generally, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range up to 5 years or up to 10 years for the purchase of a primary residence (after July 1, 2022). The loans are secured by the balance in the participant's account and bear a reasonable rate of interest. Principal and interest are paid ratably through payroll deductions or paid directly to the record keeper after termination.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **1. Description of the Plan (continued)**

##### **Administrative Expenses**

The Plan's administrative expenses are paid by either the Plan or the Plan Sponsor, as provided by the Plan's provisions. Administrative expenses paid by Plan include record-keeping and trustee fees. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. Loan fees are paid by affected participants. All other administrative expenses of the Plan are paid by the Plan Sponsor and are excluded from these financial statements.

##### **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination or partial termination, the account of each affected participant shall become fully vested.

#### **2. Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Excess Contribution Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions on the balance sheet to the applicable participants prior to March 15 of the subsequent year.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **2. Significant Accounting Policies (continued)**

##### **Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

##### **Investment Valuation and Income Recognition**

Investments held by the Plan are stated at fair value. Fair value is defined as 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 (an exit price). See Note 4 for further discussion of fair value measurements.

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

##### **Notes Receivable From Participants**

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance, plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

#### **3. Investments**

Certain investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2022 and 2021, and net (depreciation) appreciation in fair value of investments, dividend and interest income, and interest income on notes receivable from participants for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustees of the Plan for the 2022 and 2021 plan years.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:
  - Quoted prices for similar assets and liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in markets that are not active
  - Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

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

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements (continued)

Descriptions of the valuation techniques and inputs used for each general type of asset measured at fair value by the Plan are as follows:

*Mutual funds and exchange-traded funds:* Valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end.

*Money market cash account:* Valued at \$1.00 par, which represent the NAV of shares held by the Plan at year-end.

*Self-directed brokerage accounts:* Accounts primarily consist of registered investment companies, interest-bearing cash, and common stock. Registered investment companies are valued at quoted market prices, which represent the NAV of shares held by the Plan at year-end. Common stock is valued at the closing price reported in the active market in which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value:

|                                          | Level 1               | Level 2     | Level 3     | Total                 |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
| <b>December 31, 2022</b>                 |                       |             |             |                       |
| Mutual funds                             | \$ 342,841,584        | \$ —        | \$ —        | \$ 342,841,584        |
| Self-directed brokerage account          | 4,036,766             | —           | —           | 4,036,766             |
| Money market cash account                | 147,215               | —           | —           | 147,215               |
| Total assets in the fair value hierarchy | <u>\$ 347,025,565</u> | <u>\$ —</u> | <u>\$ —</u> | <u>347,025,565</u>    |
| Investments measured at NAV*             |                       |             |             |                       |
| Common/collective trust                  |                       |             |             | 13,918,699            |
| Total investments at fair value          |                       |             |             | <u>\$ 360,944,264</u> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits. There are no participant redemption restrictions for this investment or unfunded commitments. The redemption notice period is only applicable to the Plan and does not apply to individual participant transactions, which are allowed daily.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements (continued)

|                                 | Level 1               | Level 2     | Level 3     | Total                 |
|---------------------------------|-----------------------|-------------|-------------|-----------------------|
| <b>December 31, 2021</b>        |                       |             |             |                       |
| Exchange-traded funds           | \$ 198,779,817        | \$ –        | \$ –        | \$ 198,779,817        |
| Self-directed brokerage account | 2,886,263             | –           | –           | 2,886,263             |
| Money market cash account       | 4,918,219             | –           | –           | 4,918,219             |
| Total investments at fair value | <u>\$ 206,584,299</u> | <u>\$ –</u> | <u>\$ –</u> | <u>\$ 206,584,299</u> |

#### 5. Income Tax Status

The underlying pre-approved plan has received an opinion letter from the IRS dated June 30, 2020, stating that the written form of the underlying pre-approved document is qualified under Section 401 of the Internal Revenue Code (the Code). Any employer adopting this form of the plan will be considered to have a plan qualified under Section 401 of the Code, and, therefore, the related trust is tax-exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

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. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### 6. Related-Party and Party-in-Interest Transactions

Certain plan investments are mutual funds, exchange-traded funds, and money market accounts managed by the trustees of the Plan for the 2022 and 2021 plan years. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

#### 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **7. Risks and Uncertainties (continued)**

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 participants' account balances and the amounts reported on the statements of net assets available for benefits.

#### **8. Subsequent Events**

Management evaluated subsequent events for the Plan through October 16, 2023, the date the accompanying financial statements were available to be issued. Other than the following, there were no subsequent events that have occurred which would require adjustments to or disclosure in the Plan's financial statements.

##### **Plan Name**

Effective January 1, 2023, the Plan changed its name to R1 RCM Holdco, Inc. 401(k) Plan.

##### **Contributions**

Effective January 1, 2023, the Company's matching contribution is 100% on the first 3% and 50% on the next 2% deferred by participants.

# Supplemental Schedules

# R1 RCM Inc. 401(k) Plan

EIN #02-0698101 Plan #001

## Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2022

| Participant Contributions<br>Transferred Late to Plan                  |            | Total that Constitute<br>Non-exempt Prohibited Transactions |                                            |                                                   | Totally Fully<br>Corrected<br>Under VFCP<br>and PTE<br>2002-51 |
|------------------------------------------------------------------------|------------|-------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|----------------------------------------------------------------|
| Check here if Late Participant<br>Loan Repayments are Included:<br>[X] |            | Contributions Not<br>Corrected                              | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                                |
| 2018*                                                                  | \$ 308,206 | \$ 308,206                                                  | –                                          | –                                                 | –                                                              |
| 2019*                                                                  | \$ 593,088 | \$ 593,088                                                  | –                                          | –                                                 | –                                                              |
| 2020*                                                                  | \$ 391,752 | \$ 391,752                                                  | –                                          | –                                                 | –                                                              |

\* As a result of the Cloudmed acquisition, the Cloudmed Solutions 401(k) Plan (the Cloudmed Plan) net assets were transferred into the Plan on December 30, 2022. Under the Cloudmed Plan, during 2018, the company failed to remit certain employee contributions and loan repayments totaling \$308,206, within the period prescribed by the Department of Labor regulations. During 2020, the company made contributions to the affected participants' accounts to compensate those participants for potential lost income due to processing delays and expects to take action prescribed by the regulations to remedy such errors.

During 2020 and 2019, the company failed to remit certain employee contributions and loan repayments totaling \$391,752 and \$593,088, respectively, within the period prescribed by the Department of Labor regulations. During 2022, the company made contributions to the affected participants' accounts to compensate those participants for potential lost income due to processing delays and expects to take action prescribed by the regulations to remedy such errors.

The company will file a Form 5330, Return of Excise Taxes Related to Employee Benefit Plans, as soon as administratively possible.

# R1 RCM Inc. 401(k) Plan

EIN #02-0698101 Plan #001

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

December 31, 2022

| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment, Including Maturity<br>Date, Rate of Interest, Par, or Maturity Value | Number of<br>Shares | Current<br>Value      |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------|-----------------------|
| * Fidelity                                                | U.S. Bond Index Fund                                                                            | 3,295,919           | \$ 33,552,455         |
| * Fidelity                                                | 500 Index Fund                                                                                  | 461,762             | 61,469,735            |
| * Fidelity                                                | International Index Fund                                                                        | 581,097             | 23,935,373            |
| * Fidelity                                                | Extended Market Index Fund                                                                      | 459,508             | 28,958,221            |
| * Fidelity                                                | Freedom Index Income Fund Institutional Premium Class                                           | 115,715             | 1,264,760             |
| * Fidelity                                                | Freedom Index 2005 Fund Institutional Premium Class                                             | 3,029               | 36,161                |
| * Fidelity                                                | Freedom Index 2010 Fund Institutional Premium Class                                             | 14,132              | 169,305               |
| * Fidelity                                                | Freedom Index 2015 Fund Institutional Premium Class                                             | 64,678              | 837,578               |
| * Fidelity                                                | Freedom Index 2020 Fund Institutional Premium Class                                             | 240,455             | 3,390,419             |
| * Fidelity                                                | Freedom Index 2025 Fund Institutional Premium Class                                             | 601,987             | 9,577,618             |
| * Fidelity                                                | Freedom Index 2030 Fund Institutional Premium Class                                             | 818,075             | 13,743,657            |
| * Fidelity                                                | Freedom Index 2035 Fund Institutional Premium Class                                             | 679,101             | 12,712,765            |
| * Fidelity                                                | Freedom Index 2040 Fund Institutional Premium Class                                             | 803,124             | 15,227,226            |
| * Fidelity                                                | Freedom Index 2045 Fund Institutional Premium Class                                             | 554,417             | 10,916,468            |
| * Fidelity                                                | Freedom Index 2050 Fund Institutional Premium Class                                             | 875,102             | 17,257,020            |
| * Fidelity                                                | Freedom Index 2055 Fund Institutional Premium Class                                             | 686,814             | 11,146,991            |
| * Fidelity                                                | Freedom Index 2060 Fund Institutional Premium Class                                             | 585,530             | 8,045,187             |
| * Fidelity                                                | Government Money Market Fund Class K6                                                           | 147,215             | 147,215               |
| * Fidelity                                                | Freedom Index 2065 Fund Institutional Premium Class                                             | 128,705             | 1,429,910             |
| * Fidelity                                                | Growth Company K6 Fund                                                                          | 2,038,054           | 31,365,654            |
| Self-Directed Brokerage<br>Account                        | Various investments                                                                             | –                   | 4,036,766             |
| Morley                                                    | Stable Value Fund                                                                               | 496,393             | 13,918,699            |
| PIMCO                                                     | RAE US Fund Institutional Class                                                                 | 1,689,317           | 20,440,731            |
| Baird                                                     | Aggregate Bond Fund                                                                             | 449,620             | 4,316,348             |
| Cohen & Steers                                            | Institutional Realty Shares Fund                                                                | 54,024              | 2,299,261             |
| Vanguard                                                  | Inflation-Protected Securities Fund Admiral Shares                                              | 168,157             | 3,892,838             |
| American Century                                          | Small Cap Value Fund R6 Class                                                                   | 432,281             | 3,951,048             |
| American Funds                                            | EuroPacific Growth Fund Class R-6                                                               | 142,773             | 7,000,163             |
| RBC                                                       | Emerging Markets Equity Fund Class I                                                            | 950,184             | 10,765,582            |
| ClearBridge                                               | Small Cap Growth Fund Class IS                                                                  | 137,704             | 5,139,110             |
|                                                           |                                                                                                 |                     | 360,944,264           |
| * Participant loans                                       | Varying maturity dates, with interest rates ranging from<br>3.25% – 8.00%                       |                     | 5,932,268             |
|                                                           |                                                                                                 |                     | <u>\$ 366,876,532</u> |

\* Indicates party in interest to the Plan.

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FINANCIAL STATEMENTS AND  
SUPPLEMENTAL SCHEDULES

R1 RCM Inc. 401(k) Plan  
Years Ended December 31, 2022 and 2021  
With Report of Independent Auditors

Ernst & Young LLP



R1 RCM Inc. 401(k) Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2022 and 2021

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## **Report of Independent Auditors**

The Plan Administrator  
R1 RCM Inc. 401(k) Plan

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

We have performed audits of the financial statements of R1 RCM Inc. 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes (collectively referred to as the “financial statements”).

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our 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 Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

### **Opinion**

In our opinion, based on our audits and on the procedures performed as described in the Auditor’s Responsibilities for the 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.



- 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

### **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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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 schedules of assets (held at end of year) as of December 31, 2022, and delinquent participant contributions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor’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 Department of Labor’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).

*Ernst & Young LLP*

October 16, 2023

# R1 RCM Inc. 401(k) Plan

## Statements of Net Assets Available for Benefits

|                                    | <b>December 31</b>    |                |
|------------------------------------|-----------------------|----------------|
|                                    | <b>2022</b>           | <b>2021</b>    |
| <b>Assets</b>                      |                       |                |
| Investments, at fair value         | <b>\$ 360,944,264</b> | \$ 206,584,299 |
| Notes receivable from participants | <b>5,932,268</b>      | 3,612,706      |
| Contributions receivable:          |                       |                |
| Participant                        | <b>1,383,584</b>      | 1,060,931      |
| Employer                           | <b>452,979</b>        | 342,947        |
| Other receivable                   | <b>648,012</b>        | —              |
| Total assets                       | <b>369,361,107</b>    | 211,600,883    |
| <b>Liabilities</b>                 |                       |                |
| Return of excess contributions     | <b>474,564</b>        | 261,015        |
| Net assets available for benefits  | <b>\$ 368,886,543</b> | \$ 211,339,868 |

*See accompanying notes.*

# R1 RCM Inc. 401(k) Plan

## Statements of Changes in Net Assets Available for Benefits

|                                                              | <b>Year Ended December 31</b> |                              |
|--------------------------------------------------------------|-------------------------------|------------------------------|
|                                                              | <b>2022</b>                   | <b>2021</b>                  |
| <b>Investment (Loss) Income</b>                              |                               |                              |
| Net (depreciation) appreciation in fair value of investments | \$ (37,721,965)               | \$ 20,578,295                |
| Dividend and interest income                                 | 6,097,292                     | 3,599,950                    |
| Interest Income on Notes Receivable from Participants        | 188,122                       | 142,974                      |
| <b>Contributions</b>                                         |                               |                              |
| Employer                                                     | 9,841,037                     | 8,365,396                    |
| Participants                                                 | 32,386,572                    | 27,479,680                   |
| Rollover                                                     | 15,782,657                    | 9,360,223                    |
|                                                              | <u>26,573,715</u>             | <u>69,526,518</u>            |
| <b>Deductions</b>                                            |                               |                              |
| Benefits paid to participants                                | 25,731,033                    | 20,337,355                   |
| Administrative expenses                                      | 767,811                       | 577,576                      |
|                                                              | <u>26,498,844</u>             | <u>20,914,931</u>            |
| Net increase before transfers                                | 74,871                        | 48,611,587                   |
| Transfer from other qualified plan                           | 157,471,804                   | 5,572,929                    |
| Net increase                                                 | <u>157,546,675</u>            | <u>54,184,516</u>            |
| Net assets available for benefits at beginning of year       | 211,339,868                   | 157,155,352                  |
| Net assets available for benefits at end of year             | <u><u>\$ 368,886,543</u></u>  | <u><u>\$ 211,339,868</u></u> |

*See accompanying notes.*

# R1 RCM Inc. 401(k) Plan

## Notes to Financial Statements

December 31, 2022 and 2021

### **1. Description of the Plan**

The following description of R1 RCM Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. Copies of the plan document are available from the Human Resources Department of R1 RCM Inc. (the Employer, the Company, or the Plan Sponsor).

#### **General**

The Plan was established on September 1, 2005, and is a contributory, defined contribution plan covering all eligible employees of the Plan Sponsor. Prior to the transfer to Fidelity (see section below), an employee became eligible to participate in the Plan upon attainment of age 21. After the transfer, the minimum age was lowered to 18. There is no service requirement to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

#### **Transfer to Fidelity**

Effective July 1, 2022, the Plan transferred its trustee and record-keeper services from Charles Schwab Trust Bank to Fidelity Management Trust Company and Fidelity Workplace Services, LLC, respectively.

#### **Plan Mergers**

On May 8, 2018, the Plan Sponsor completed the acquisition of Intermedix Holdings, Inc. (Intermedix), and on July 27, 2022, the Intermedix Staffing 401(k) Plan was merged into the Plan. Former Intermedix employees became eligible to participate in the Plan on July 27, 2022. The net assets transferred to the Plan in the amount of \$58,765,584 are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan in 2022.

On June 21, 2022, the Plan Sponsor completed the acquisition of Revint Holdings, LLC (Cloudmed), and on December 30, 2022, the Cloudmed Solutions 401(k) Plan net assets were transferred into the Plan. Effective January 1, 2023, the Cloudmed Solutions 401(k) Plan was merged into the Plan and former Cloudmed employees became eligible to participate in the Plan. The net assets transferred to the Plan in the amount of \$98,706,220 are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan in 2022, which includes a safe harbor true-up employer contribution match in the amount of \$648,012.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 1. Description of the Plan (continued)

Additionally, the net assets transferred are reflected in the statement of net assets available for benefits as investments, at fair value, with the exception of the safe harbor true-up employer contribution amount of \$648,012, which is reflected as an Other receivable as of December 31, 2022.

On July 1, 2021, the Plan Sponsor completed the acquisition of iVinci Partners, LLC d/b/a VisitPay (VisitPay), and on November 15, 2021, the VisitPay 401(k) Plan was merged into the Plan. Former VisitPay employees became eligible to participate in the Plan on October 1, 2021. The net assets transferred to the Plan are reflected on the statement of changes in net assets available for benefits as a transfer from other qualified plan in 2021.

#### Contributions

The Plan allows eligible participants to elect to defer a portion of their compensation, as defined, on a pretax or a Roth after-tax basis. This amount may not exceed the limit imposed each year by the Internal Revenue Service (the IRS). Participants may also contribute amounts representing distributions from other qualified plans, as defined in the plan document. Participants age 50 and over may make catch-up contributions. Prior to the transfer to Fidelity, the Plan provided for an automatic savings increase program. A participant's pretax deferral percentage would increase by 1% annually until such time as the combined pretax and Roth deferrals reach 15% unless the participant elects to change his or her deferral. After July 1, 2022, the Plan provided an option to participants to enroll in an annual increase program when starting their deferrals. Under the program, participants may elect to establish regular annual increases to their contribution amount.

The Employer may make discretionary matching contributions. The Company's matching contribution was 50% on the first 6% deferred by participants. In addition, annual discretionary contributions may be made in an amount determined by the Plan Sponsor. No such contributions were made for the 2022 or 2021 plan years.

Participants direct their elective contributions into various investment options offered by the Plan, including a self-directed brokerage feature, and can change their investment options on a daily basis. The Company's contributions are allocated in the same manner as that of the participant's elective contributions.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **1. Description of the Plan (continued)**

##### **Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of (a) the Employer's discretionary matching contributions and discretionary contributions, if any, and (b) the Plan's earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All amounts in participant accounts are participant-directed.

##### **Vesting and Payment of Benefits**

A participant is always fully vested in participant contributions and earnings thereon. Participants hired prior to July 1, 2017 are always fully vested in their employer contributions and earnings thereon. Participants hired after July 1, 2017 are subject to a three-year cliff vesting on employer contributions and earnings thereon. However, employer contributions are subject to a two-year cliff vesting for participants who previously participated in the Intermedix Staffing 401(k) Plan, regardless of whether the contribution was made to their Intermedix Staffing 401(k) or Plan account. Forfeitures resulting from employee terminations are used to offset future employer contributions and pay administrative expenses. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$281,032 and \$245,511, respectively.

On termination of service due to disability, retirement, or termination of employment, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump sum or installment payments. In-service and hardship withdrawals are permitted under certain circumstances.

##### **Participant Loans**

Generally, participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range up to 5 years or up to 10 years for the purchase of a primary residence (after July 1, 2022). The loans are secured by the balance in the participant's account and bear a reasonable rate of interest. Principal and interest are paid ratably through payroll deductions or paid directly to the record keeper after termination.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **1. Description of the Plan (continued)**

##### **Administrative Expenses**

The Plan's administrative expenses are paid by either the Plan or the Plan Sponsor, as provided by the Plan's provisions. Administrative expenses paid by Plan include record-keeping and trustee fees. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. Loan fees are paid by affected participants. All other administrative expenses of the Plan are paid by the Plan Sponsor and are excluded from these financial statements.

##### **Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan's termination or partial termination, the account of each affected participant shall become fully vested.

#### **2. Significant Accounting Policies**

##### **Basis of Accounting**

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

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Excess Contribution Payable**

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the excess contributions on the balance sheet to the applicable participants prior to March 15 of the subsequent year.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **2. Significant Accounting Policies (continued)**

##### **Use of Estimates**

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

##### **Investment Valuation and Income Recognition**

Investments held by the Plan are stated at fair value. Fair value is defined as 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 (an exit price). See Note 4 for further discussion of fair value measurements.

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

##### **Notes Receivable From Participants**

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance, plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

#### **3. Investments**

Certain investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2022 and 2021, and net (depreciation) appreciation in fair value of investments, dividend and interest income, and interest income on notes receivable from participants for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustees of the Plan for the 2022 and 2021 plan years.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy 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 and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

- Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.
- Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable, either directly or indirectly, for substantially the full term of the asset or liability. Level 2 inputs include the following:
  - Quoted prices for similar assets and liabilities in active markets
  - Quoted prices for identical or similar assets or liabilities in markets that are not active
  - Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means
- Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

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

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements (continued)

Descriptions of the valuation techniques and inputs used for each general type of asset measured at fair value by the Plan are as follows:

*Mutual funds and exchange-traded funds:* Valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end.

*Money market cash account:* Valued at \$1.00 par, which represent the NAV of shares held by the Plan at year-end.

*Self-directed brokerage accounts:* Accounts primarily consist of registered investment companies, interest-bearing cash, and common stock. Registered investment companies are valued at quoted market prices, which represent the NAV of shares held by the Plan at year-end. Common stock is valued at the closing price reported in the active market in which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value:

|                                          | Level 1               | Level 2     | Level 3     | Total                 |
|------------------------------------------|-----------------------|-------------|-------------|-----------------------|
| <b>December 31, 2022</b>                 |                       |             |             |                       |
| Mutual funds                             | \$ 342,841,584        | \$ —        | \$ —        | \$ 342,841,584        |
| Self-directed brokerage account          | 4,036,766             | —           | —           | 4,036,766             |
| Money market cash account                | 147,215               | —           | —           | 147,215               |
| Total assets in the fair value hierarchy | <u>\$ 347,025,565</u> | <u>\$ —</u> | <u>\$ —</u> | <u>347,025,565</u>    |
| Investments measured at NAV*             |                       |             |             |                       |
| Common/collective trust                  |                       |             |             | 13,918,699            |
| Total investments at fair value          |                       |             |             | <u>\$ 360,944,264</u> |

\* Certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statement of net assets available for benefits. There are no participant redemption restrictions for this investment or unfunded commitments. The redemption notice period is only applicable to the Plan and does not apply to individual participant transactions, which are allowed daily.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements (continued)

|                                 | Level 1               | Level 2     | Level 3     | Total                 |
|---------------------------------|-----------------------|-------------|-------------|-----------------------|
| <b>December 31, 2021</b>        |                       |             |             |                       |
| Exchange-traded funds           | \$ 198,779,817        | \$ –        | \$ –        | \$ 198,779,817        |
| Self-directed brokerage account | 2,886,263             | –           | –           | 2,886,263             |
| Money market cash account       | 4,918,219             | –           | –           | 4,918,219             |
| Total investments at fair value | <u>\$ 206,584,299</u> | <u>\$ –</u> | <u>\$ –</u> | <u>\$ 206,584,299</u> |

#### 5. Income Tax Status

The underlying pre-approved plan has received an opinion letter from the IRS dated June 30, 2020, stating that the written form of the underlying pre-approved document is qualified under Section 401 of the Internal Revenue Code (the Code). Any employer adopting this form of the plan will be considered to have a plan qualified under Section 401 of the Code, and, therefore, the related trust is tax-exempt. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related trust is tax-exempt.

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. Plan management has analyzed the tax positions taken by the Plan and has concluded that there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### 6. Related-Party and Party-in-Interest Transactions

Certain plan investments are mutual funds, exchange-traded funds, and money market accounts managed by the trustees of the Plan for the 2022 and 2021 plan years. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

#### 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks.

## R1 RCM Inc. 401(k) Plan

### Notes to Financial Statements (continued)

#### **7. Risks and Uncertainties (continued)**

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 participants' account balances and the amounts reported on the statements of net assets available for benefits.

#### **8. Subsequent Events**

Management evaluated subsequent events for the Plan through October 16, 2023, the date the accompanying financial statements were available to be issued. Other than the following, there were no subsequent events that have occurred which would require adjustments to or disclosure in the Plan's financial statements.

##### **Plan Name**

Effective January 1, 2023, the Plan changed its name to R1 RCM Holdco, Inc. 401(k) Plan.

##### **Contributions**

Effective January 1, 2023, the Company's matching contribution is 100% on the first 3% and 50% on the next 2% deferred by participants.

# Supplemental Schedules

# R1 RCM Inc. 401(k) Plan

EIN #02-0698101 Plan #001

## Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

Year Ended December 31, 2022

| Participant Contributions<br>Transferred Late to Plan                  |            | Total that Constitute<br>Non-exempt Prohibited Transactions |                                            |                                                   | Totally Fully<br>Corrected<br>Under VFCP<br>and PTE<br>2002-51 |
|------------------------------------------------------------------------|------------|-------------------------------------------------------------|--------------------------------------------|---------------------------------------------------|----------------------------------------------------------------|
| Check here if Late Participant<br>Loan Repayments are Included:<br>[X] |            | Contributions Not<br>Corrected                              | Contributions<br>Corrected<br>Outside VFCP | Contributions<br>Pending<br>Correction in<br>VFCP |                                                                |
| 2018*                                                                  | \$ 308,206 | \$ 308,206                                                  | –                                          | –                                                 | –                                                              |
| 2019*                                                                  | \$ 593,088 | \$ 593,088                                                  | –                                          | –                                                 | –                                                              |
| 2020*                                                                  | \$ 391,752 | \$ 391,752                                                  | –                                          | –                                                 | –                                                              |

\* As a result of the Cloudmed acquisition, the Cloudmed Solutions 401(k) Plan (the Cloudmed Plan) net assets were transferred into the Plan on December 30, 2022. Under the Cloudmed Plan, during 2018, the company failed to remit certain employee contributions and loan repayments totaling \$308,206, within the period prescribed by the Department of Labor regulations. During 2020, the company made contributions to the affected participants' accounts to compensate those participants for potential lost income due to processing delays and expects to take action prescribed by the regulations to remedy such errors.

During 2020 and 2019, the company failed to remit certain employee contributions and loan repayments totaling \$391,752 and \$593,088, respectively, within the period prescribed by the Department of Labor regulations. During 2022, the company made contributions to the affected participants' accounts to compensate those participants for potential lost income due to processing delays and expects to take action prescribed by the regulations to remedy such errors.

The company will file a Form 5330, Return of Excise Taxes Related to Employee Benefit Plans, as soon as administratively possible.

# R1 RCM Inc. 401(k) Plan

EIN #02-0698101 Plan #001

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

December 31, 2022

| Identity of Issuer, Borrower,<br>Lessor, or Similar Party | Description of Investment, Including Maturity<br>Date, Rate of Interest, Par, or Maturity Value | Number of<br>Shares | Current<br>Value      |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------|-----------------------|
| * Fidelity                                                | U.S. Bond Index Fund                                                                            | 3,295,919           | \$ 33,552,455         |
| * Fidelity                                                | 500 Index Fund                                                                                  | 461,762             | 61,469,735            |
| * Fidelity                                                | International Index Fund                                                                        | 581,097             | 23,935,373            |
| * Fidelity                                                | Extended Market Index Fund                                                                      | 459,508             | 28,958,221            |
| * Fidelity                                                | Freedom Index Income Fund Institutional Premium Class                                           | 115,715             | 1,264,760             |
| * Fidelity                                                | Freedom Index 2005 Fund Institutional Premium Class                                             | 3,029               | 36,161                |
| * Fidelity                                                | Freedom Index 2010 Fund Institutional Premium Class                                             | 14,132              | 169,305               |
| * Fidelity                                                | Freedom Index 2015 Fund Institutional Premium Class                                             | 64,678              | 837,578               |
| * Fidelity                                                | Freedom Index 2020 Fund Institutional Premium Class                                             | 240,455             | 3,390,419             |
| * Fidelity                                                | Freedom Index 2025 Fund Institutional Premium Class                                             | 601,987             | 9,577,618             |
| * Fidelity                                                | Freedom Index 2030 Fund Institutional Premium Class                                             | 818,075             | 13,743,657            |
| * Fidelity                                                | Freedom Index 2035 Fund Institutional Premium Class                                             | 679,101             | 12,712,765            |
| * Fidelity                                                | Freedom Index 2040 Fund Institutional Premium Class                                             | 803,124             | 15,227,226            |
| * Fidelity                                                | Freedom Index 2045 Fund Institutional Premium Class                                             | 554,417             | 10,916,468            |
| * Fidelity                                                | Freedom Index 2050 Fund Institutional Premium Class                                             | 875,102             | 17,257,020            |
| * Fidelity                                                | Freedom Index 2055 Fund Institutional Premium Class                                             | 686,814             | 11,146,991            |
| * Fidelity                                                | Freedom Index 2060 Fund Institutional Premium Class                                             | 585,530             | 8,045,187             |
| * Fidelity                                                | Government Money Market Fund Class K6                                                           | 147,215             | 147,215               |
| * Fidelity                                                | Freedom Index 2065 Fund Institutional Premium Class                                             | 128,705             | 1,429,910             |
| * Fidelity                                                | Growth Company K6 Fund                                                                          | 2,038,054           | 31,365,654            |
| Self-Directed Brokerage<br>Account                        | Various investments                                                                             | –                   | 4,036,766             |
| Morley                                                    | Stable Value Fund                                                                               | 496,393             | 13,918,699            |
| PIMCO                                                     | RAE US Fund Institutional Class                                                                 | 1,689,317           | 20,440,731            |
| Baird                                                     | Aggregate Bond Fund                                                                             | 449,620             | 4,316,348             |
| Cohen & Steers                                            | Institutional Realty Shares Fund                                                                | 54,024              | 2,299,261             |
| Vanguard                                                  | Inflation-Protected Securities Fund Admiral Shares                                              | 168,157             | 3,892,838             |
| American Century                                          | Small Cap Value Fund R6 Class                                                                   | 432,281             | 3,951,048             |
| American Funds                                            | EuroPacific Growth Fund Class R-6                                                               | 142,773             | 7,000,163             |
| RBC                                                       | Emerging Markets Equity Fund Class I                                                            | 950,184             | 10,765,582            |
| ClearBridge                                               | Small Cap Growth Fund Class IS                                                                  | 137,704             | 5,139,110             |
|                                                           |                                                                                                 |                     | 360,944,264           |
| * Participant loans                                       | Varying maturity dates, with interest rates ranging from<br>3.25% – 8.00%                       |                     | 5,932,268             |
|                                                           |                                                                                                 |                     | <u>\$ 366,876,532</u> |

\* Indicates party in interest to the Plan.

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