

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>05/31/2023</u>	
A 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.) <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ <input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ <input type="checkbox"/>

Part II Basic Plan Information —enter all requested information	
<p>1a Name of plan <u>STORMONT-VAIL HEALTHCARE RETIREMENT PLAN</u></p> <hr/> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STORMONT-VAIL HEALTHCARE, INC.</u></p> <p><u>1500 SW TENTH STREET</u> <u>TOPEKA, KS 66604-1353</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <hr/> <p>1c Effective date of plan <u>10/01/1962</u></p> <hr/> <p>2b Employer Identification Number (EIN) <u>48-0543789</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>785-354-6000</u></p> <hr/> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/05/2024	LAURIE RUESCHHOFF
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3862
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 1385 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 05/31/2023

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

A Name of plan <u>STORMONT-VAIL HEALTHCARE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STORMONT-VAIL HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>48-0543789</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value.....	2a	<u>352298734</u>	
b Actuarial value.....	2b	<u>365901834</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1261</u>	<u>172511552</u>	<u>172511552</u>
b For terminated vested participants.....	<u>1216</u>	<u>40827933</u>	<u>40827933</u>
c For active participants.....	<u>1385</u>	<u>64204285</u>	<u>64402711</u>
d Total.....	<u>3862</u>	<u>277543770</u>	<u>277742196</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	<u>5.42 %</u>	
6 Target normal cost.....			
a Present value of current plan year accruals.....	6a	<u>0</u>	
b Expected plan-related expenses.....	6b	<u>537937</u>	
c Total (line 6a + line 6b).....	6c	<u>537937</u>	

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

SIGN HERE			
	Signature of actuary	<u>12/01/2023</u>	Date
	<u>JULIE REYES</u>	<u>23-07004</u>	Most recent enrollment number
	Type or print name of actuary	<u>817-474-8475</u>	Telephone number (including area code)
	<u>FIDELITY INVESTMENTS</u>		
	Firm name		
	<u>TWO DESTINY WAY, WG4G WESTLAKE, TX 76262</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-6.52</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		28910648
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.60</u> %.....		1618996
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		30529644
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	131.74 %
15	Adjusted funding target attainment percentage	15	130.37 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	121.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date.	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:

a Segment rates:

1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 2

22 Weighted average retirement age **22** 61

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	537937
b Excess assets, if applicable, but not greater than line 31a	31b	537937

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **05/31/2023**

A Name of plan STORMONT-VAIL HEALTHCARE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STORMONT-VAIL HEALTHCARE, INC.	D Employer Identification Number (EIN) 48-0543789	

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

FID MGMT TRUST CO

04-2723880

(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)

GALLAGHER

470 ATLANTIC AVE
BOSTON, MA 02210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	570000	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

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	548580	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)

MERCER

99 HIGH ST
BOSTON, MA 02210

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 52	NONE	92700	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"/>

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)

JACOBS LEVY

100 CAMPUS DRIVE
FLORHAM PARK, NJ 07932

22-2774695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 52	NONE	35138	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)

NEUMEIER POMA INVESTMENT

77-0444891

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 52	NONE	0	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)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input 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 (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 05/31/2023		
A Name of plan STORMONT-VAIL HEALTHCARE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 STORMONT-VAIL HEALTHCARE, INC.	D Employer Identification Number (EIN) 48-0543789	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERMEDIATE DUR COMMINGLED	b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANGEMENT TRUST CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;">c EIN-PN 20-4649715-014</td> <td style="width:25%; padding: 5px;">d Entity code C</td> <td style="width:50%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 20-4649715-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
c EIN-PN 20-4649715-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0			
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORP A OR BETTER COMMING	b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANGEMENT TRUST CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;">c EIN-PN 20-4649715-103</td> <td style="width:25%; padding: 5px;">d Entity code C</td> <td style="width:50%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 20-4649715-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
c EIN-PN 20-4649715-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0			
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YEAR CORP BOND COMMINGLED	b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANGEMENT TRUST CO				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;">c EIN-PN 20-4649715-155</td> <td style="width:25%; padding: 5px;">d Entity code C</td> <td style="width:50%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0</td> </tr> </table>	c EIN-PN 20-4649715-155	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0		
c EIN-PN 20-4649715-155	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0			
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):				
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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):				
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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)			
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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):				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; padding: 5px;">c EIN-PN</td> <td style="width:25%; padding: 5px;">d Entity code</td> <td style="width:50%; padding: 5px;">e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</td> </tr> </table>	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)		
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)

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d Entity code

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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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **05/31/2023**

A Name of plan STORMONT-VAIL HEALTHCARE RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 STORMONT-VAIL HEALTHCARE, INC.	D Employer Identification Number (EIN) 48-0543789	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	0
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	0
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants).....	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	0
(10) Value of interest in pooled separate accounts.....	1c(10)	
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	352769090	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	352769090	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	-56271683	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)	1052083	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		-55219600
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1459247	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		1459247
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2040706
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1
c Other income	2c		4179
d Total income. Add all income amounts in column (b) and enter total	2d		-51715469
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	181619788	
(2) To insurance carriers for the provision of benefits	2e(2)	117884689	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		299504477
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	673469	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	222781	
(4) Other	2i(4)	652894	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1549144
j Total expenses. Add all expense amounts in column (b) and enter total	2j		301053621
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-352769090
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

- (1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

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

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

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

(1) Name: **BT&CO., P.A.**

(2) EIN: **48-1066439**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

		Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 56271683.

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 496318.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 05/31/2023

A Name of plan <u>STORMONT-VAIL HEALTHCARE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STORMONT-VAIL HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>48-0543789</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 04-3275867

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	2755
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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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
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)	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	

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

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 57.8 % Investment-Grade Debt: 22.5 % High-Yield Debt: 1.2 % Real Estate: 9.4 % Other: 9.1 %

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

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

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

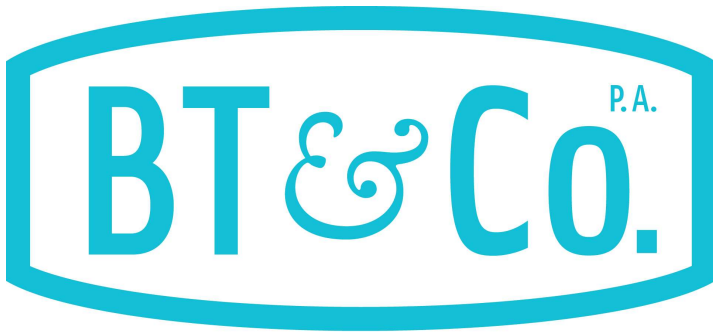
b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

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

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

No. Other. Provide explanation _____



Certified Public Accountants

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN

FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION
REQUIRED FOR FORM 5500
PERIOD FROM OCTOBER 1, 2022 TO MAY 31, 2023
AND YEAR ENDED SEPTEMBER 30, 2022

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
FINANCIAL STATEMENTS WITH SUPPLEMENTARY
INFORMATION REQUIRED FOR FORM 5500
Period from October 1, 2022 to May 31, 2023
and Year Ended September 30, 2022

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Stormont-Vail HealthCare, Inc.

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

We have performed audits of the liquidation basis financial statements of Stormont-Vail HealthCare Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits in liquidation as of May 31, 2023 and September 30, 2022, and the related statements of changes in net assets available for benefits in liquidation for the period from October 1, 2022 to May 31, 2023 and for the year ended September 30, 2022, and the related notes to the financial statements in liquidation.

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

Management has obtained certifications from a qualified institution as of May 31, 2023 and September 30, 2022 and for the period from October 1, 2022 to May 31, 2023 and for the year ended September 30, 2022, stating that the certified investment information, as described in Note 6 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 Auditors' Responsibilities for the Audit of the Liquidation Basis Financial Statements section:

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

An Independently Owned Member, RSM US Alliance

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 Auditors' Responsibilities for the Audit of the Liquidation Basis 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.

Emphasis of Matters

As discussed in Note 1 to the financial statements, the Board of Directors of Stormont-Vail HealthCare, Inc. voted on April 28, 2022 to terminate the Plan effective November 5, 2022, and management determined liquidation is imminent. As a result, the liquidation basis of accounting is used in presenting the financial statements. Our opinion is not modified with respect to this matter.

As further discussed in Note 1 to the financial statements, the Plan has been frozen to new entrants as of September 30, 2012 and benefit accruals ceased for compensation and service earned after September 30, 2012. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Liquidation Basis Financial Statements

Management is responsible for the preparation and fair presentation of the liquidation basis financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the liquidation basis financial statements.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the liquidation basis 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.

Auditors' Responsibilities for the Audit of the Liquidation Basis 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 liquidation basis financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the liquidation basis 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 liquidation basis 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 liquidation basis 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 liquidation basis financial statements.

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 liquidation basis financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the liquidation basis of accounting described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the liquidation basis financial statements as a whole are presented fairly, in all material respects, in accordance with the liquidation basis of accounting described in Note 2.

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

Other Matters

Supplemental Schedules in Liquidation Required by ERISA

The supplemental Schedule of Assets (Held at End of Period) – In Liquidation as of May 31, 2023 and the Schedule of Reportable Transactions – In Liquidation for the period from October 1, 2022 to May 31, 2023 are presented for purposes of additional analysis and are not a required part of the liquidation basis financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the liquidation basis financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the liquidation basis financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the liquidation basis financial statements or to the liquidation basis financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules in liquidation 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 in liquidation, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

BT & Co., P.A.

February 1, 2024
Topeka, Kansas

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS IN LIQUIDATION
May 31, 2023 and September 30, 2022

	2023	2022
Assets:		
Investments at liquidation value :		
Mutual funds	\$ -	\$ 125,797,270
Investment in limited partnership hedge fund	-	64,955,261
Fund of funds	-	1,412,552
Commingled pool funds	-	128,623,671
	-	320,788,754
Total investments	-	320,788,754
Receivables:		
Employer contributions	-	31,000,000
Other receivables	-	980,336
	-	980,336
Net assets available for benefits	\$ -	\$ 352,769,090

See accompanying notes to financial statements.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS IN LIQUIDATION
Period From October 1, 2022 to May 31, 2023 and
Year Ended September 30, 2022

	2023	2022
Investment income (loss):		
Net appreciation (depreciation) in the fair value of investments	\$ 2,040,705	\$ (27,548,321)
Investment earnings	1,459,247	5,921,171
Other income	4,179	-
	3,504,131	(21,627,150)
Total investment income (loss)		
Other contributions	1,052,083	-
Employer contributions	(56,271,683)	50,500,000
	(51,715,469)	28,872,850
Total additions		
Benefits paid to participants	181,619,788	14,877,580
Purchases of annuity contracts	117,884,689	-
Administrative expenses	1,549,144	2,102,427
	301,053,621	16,980,007
Total deductions		
Net increase (decrease)	(352,769,090)	11,892,843
Net assets available for benefits, beginning of period/year	352,769,090	340,876,247
Net assets available for benefits, end of period/year	\$ -	\$ 352,769,090

See accompanying notes to financial statements.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
May 31, 2023 and September 30, 2022

1 - Description of Plan

The following brief description of the Stormont-Vail HealthCare Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering eligible employees of Stormont-Vail HealthCare, Inc. (the Corporation or Stormont-Vail). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Corporation's Board of Directors is responsible for oversight of the Plan. The Board of Directors determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Plan Freeze

The Plan Sponsor froze the accrued benefits effective September 30, 2012. Therefore, no new participants have been allowed to enter the Plan, and all future benefit accruals have ceased. Current employees became part of the Stormont-Vail HealthCare, Inc. Employee 403(b) Plan starting October 1, 2012.

Plan Termination

The Corporation made contributions to the Plan in accordance with the minimum funding requirements established by the Internal Revenue Service that would ensure that Plan assets were sufficient to pay Plan participants' accrued benefits. In April 2022, the Corporation's Board of Directors adopted a resolution to terminate the Plan effective November 5, 2022. The Plan was fully funded as of May 31, 2023. As a result, management determined that liquidation was imminent.

In October 2022, a Notice of Interested Parties advising that an application was to be filed was distributed to Plan participants and subsequently, the application for approval of the Plan's termination was filed with the IRS. In addition, in October 2022, a Notice of Plan Benefits was distributed to Plan participants and subsequently a Standard Termination Notice was filed with the Pension Benefit Guaranty Corporation (PBGC). The Notice of Plan Benefits is a statement of a participant's accrued benefit under the Plan, including an estimate of the amount of a single cash payment to which the participant would be entitled following the receipt of Plan termination approval. As a result of the resolution to terminate the Plan, each employee with an accrued benefit under the Plan had the following choices to have the present value of their accrued benefit: (a) used to purchase an annuity under the New York Life (NYL) or United of Omaha (UO) contract or (b) distributed in a single cash payment either directly to them or as a direct rollover by the Plan's trustee into either the Corporation's 403(b) plan or the participant's rollover Individual Retirement Account. Participants also had the option to split the payment between a lump sum payment and a direct rollover.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
(Continued)

Each participant with an accrued benefit under the Plan whose present value was over \$ 5,000 had the following choices to have the present value of their accrued benefit: (a) used to purchase an annuity under the NYL or UO Contract or (b) distributed in a single cash payment either directly to them or as a direct rollover by the Plan's trustee into either the Corporation's 403(b) plan or the participant's rollover Individual Retirement Account. If the present value was \$ 5,000 or less, it was distributed automatically in a single cash payment either directly to the participant or as a direct rollover as described above.

Total single cash payments made in conjunction with the Plan termination during the period ended May 31, 2023 were \$ 159,300,985. Total rollovers into the Stormont-Vail HealthCare Employee 403(b) Plan made in conjunction with the Plan termination during the period ended May 31, 2023 were \$ 16,985,065. These amounts are included in benefits paid directly to participants in the Statement of Changes in Net Assets Available for Benefits.

In February 2023, a single premium paid-up group annuity contract was purchased from Plan assets from New York Life Insurance Company (New York Life) for \$ 94,351,014. Retirees and beneficiaries receiving pension benefits when the New York Life Contract was purchased now have such benefits paid by New York Life under the New York Life Contract. Benefit payments by New York Life began as of April 1, 2023. The New York Life Contract provides that New York Life has the obligation to pay all benefits under the New York Life Contract without change and in accordance with the elections that were made at the time benefit payments began.

In February 2023, a single premium paid-up group annuity contract was purchased from Plan assets from United of Omaha Life Insurance Company (United of Omaha) for \$ 23,533,675. Future retirees and beneficiaries will now have such benefits paid by United of Omaha under the United of Omaha Contract once the participant or beneficiary is eligible to begin receiving benefits. United of Omaha took over administrative responsibilities from the Plan for the covered retirees and beneficiaries as of the liability assumption date of April 1, 2023. The United of Omaha Contract provides that United of Omaha has the obligation to pay all benefits under the United of Omaha Contract without change and in accordance with the terms of the United of Omaha Contract at the time that the future retiree or beneficiary is eligible to begin receiving benefits.

After purchasing annuity contracts with Plan assets and making single cash payments to Plan participants or rollovers into either the Corporation's 403(b) plan or the participant's rollover Individual Retirement Account, the Plan still held assets totaling approximately \$ 56,271,683. These assets were reverted back to Stormont-Vail HealthCare, Inc.

Pension Benefits

Prior to October 1, 2012, employees with more than one year of service who have reached 21 years of age are entitled to annual pension benefits beginning at normal retirement age (65) equal to 1.0% of the employees' average monthly earnings up to covered compensation, plus 1.5% of average monthly earnings in excess of covered compensation times credited service up to a maximum of 35 years. For each year of credited service greater than 35, the monthly retirement income is increased by 1.0% of average monthly earnings times credited service in excess of 35 years. The Plan permits early retirement at ages 55-64. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Corporation's contributions. Upon normal retirement or

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
(Continued)

termination after five years of service, employees may elect to receive the value of their accumulated plan benefits as a life annuity payable monthly as of their retirement date.

Death and Disability Benefits

If an active employee dies at age 55 or older and has completed five years of service, a death benefit equal to 50% of the amount that would have been paid to the employee had he/she retired on the day preceding his/her death is paid to the employee's beneficiary. If an active employee dies under the age of 55, the benefit is payable to the beneficiary when the employee would have attained age 55 and equals 50% of the amount that would have been payable to the employee at age 55. For employees who become disabled, the benefit is deferred until the normal retirement date with credited service continuing to accrue during the time of deferral provided Social Security disability benefits are being received. If no Social Security disability benefits are being received, credited service does not accrue during the deferral period.

2 - Summary of Significant Accounting Policies

Basis of Accounting

Due to the decision to terminate the Plan during 2022, management determined that liquidation of the Plan is imminent and the financial statements have been prepared using the liquidation basis of accounting.

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

Investment Valuation and Income Recognition

The Plan's investments are reported at liquidation value. For all investments, fair value approximates the amount the Plan expects to collect at liquidation. There were no investments remaining at May 31, 2023.

Purchases and sales of securities are recorded on a settlement-date basis. Interest income and dividends are recorded on the liquidation basis, including amounts expected to be earned through the final distribution of Plan assets. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the period.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees' highest average of monthly earnings as determined on any five consecutive calendar years of ten calendar years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances -

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
(Continued)

retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from Fidelity Workplace Investing LLC and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Significant actuarial assumptions used in the valuation as of October 1, 2022 were (a) life expectancy of participants (2022 Static Mortality Table), (b) retirement rate assumptions (graded rates of retirement from ages 55 to 65 or immediate retirement for participants currently eligible for normal retirement), and (c) investment return. The 2022 liquidation basis valuation included an assumed average rate of return of 3.30%. The computation of the actuarial present value of accumulated plan benefits was made as of October 1, 2022. Had the valuation been performed as of May 31, 2023, there would have been no material differences due to the plan terminating and there being no assets.

Administrative Expenses

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution. Distributions pursuant to Plan termination were paid at the participants' election by (a) purchase of a nontransferable annuity contract; (b) cash distribution of the present value of the participant's accrued benefit; (c) rollover distribution to an eligible retirement plan; or (d) a combination of cash distribution and rollover distribution to an eligible retirement plan; however, option (a) is not available if the participant's accrued benefit is \$5,000 or less.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the liquidation basis financial statements. Accordingly, actual results could differ from those estimates.

Subsequent Events

Subsequent events have been evaluated by management of the Plan through the date of the independent auditors' report, which is the date the liquidation basis financial statements were available to be issued.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
 NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
 (Continued)

3 - Funding Policy

The Corporation pays the entire cost of providing benefits. It is the Corporation's policy to fund the Plan by making payments at least equal to the minimum funding required by ERISA. There were no required contributions for the Plan period and year beginning October 1, 2022 and 2021, respectively. At May 31, 2023, the Corporation had met the minimum funding requirements for the Plan period and year beginning October 1, 2022 and 2021, respectively.

The Corporation has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. The Corporation elected to begin the termination process effective November 5, 2022, and as of May 31, 2023, the plan terminated, with no assets remaining.

4 - Accumulated Plan Benefits

The entire balance of the present value of accumulated benefits at September 30, 2022 represents benefit accumulations since the Plan's inception on October 1, 1962. The Accumulated Plan Benefits are shown below:

	September 30, 2022
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 174,827,115
Other participants	127,440,997
	302,268,112
Total actuarial present value of accumulated plan benefits	\$ 302,268,112

The actuarial present value of accumulated plan benefits was \$ 0 as of May 31, 2023. All plan benefits were fully vested. This amount was determined as of the end of the plan year and based on the assumptions that the plan was terminating, and liquidation was determined to be imminent. Previously, the actuarial present value of accumulated plan benefits was determined as of the beginning of the plan year using going concern assumptions. Due to the plan termination, and determination that liquidation was imminent, the valuation date and assumptions were changed.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
(Continued)

5 - Changes in Accumulated Plan Benefits

The change in the present value of Accumulated Plan Benefits is shown below:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 234,615,232
Decrease during the year attributable to:	
Increase for interest due to the change in the discount period	15,911,158
Benefits paid	(14,877,581)
Change in assumptions	66,619,303
Net decrease	67,652,880
Actuarial present value of accumulated plan benefits at end of year	\$ 302,268,112

The actuarial present value of accumulated plan benefits was \$ 302,268,112 as of October 1, 2022. The changes in actuarial present value of accumulated plan benefits to May 31, 2023, were an increase of interest cost of \$ 9,771,827, a reduction of an actuarial loss of \$ 12,698,031, a reduction by benefits paid in the form of annuity of \$ 5,333,738, and a reduction by benefits paid in the form of lump sum or settlement of \$ 294,008,170.

6 - Information Certified and Provided by Custodian

Included throughout the Plan's liquidation basis financial statements and supplemental schedules is information that was prepared by or derived from information provided by the custodian, Fidelity Management Trust Company (Fidelity), and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that the information provided to the Plan Administrator by the custodian related to the information in Notes 6, 7 and 8 and supplemental schedules 1 and 2 is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information in Notes 6, 7 and 8 and supplemental schedules 1 and 2 which appears throughout the liquidation basis financial statements and supplemental schedules related to the following assets:

	May 31, 2023	September 30, 2022
Investments	\$ -	\$ 320,788,754

The custodian certified to the completeness and accuracy of \$ 2,040,705 and \$ (27,548,321) of net appreciation and depreciation in fair value of investments at May 31, 2023 and September 30, 2022, respectively. The custodian also certified \$ 1,459,247 and \$ 5,921,171 of investment earnings and \$ 4,179 and \$ 0 of other income related to the aforementioned investments for the period from October 1, 2022 to May 31, 2023 and for the year ended September 30, 2022, respectively.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
(Continued)

7 - Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2023 and September 30, 2022.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Hedge funds and fund of funds: These funds are valued at fair value based on the applicable percentage ownership of the underlying funds' net assets as of the measurement date. In determining fair value, the Plan utilizes valuations provided by the underlying investment funds. The underlying investment funds value securities and other financial instruments on a fair value basis of accounting. The fair value of the Plan's investments in hedge funds and fund of funds generally represents the amount the Plan would expect to receive if it were to liquidate its investments in funds excluding any redemption charges that may apply. Investments in hedge funds and fund of funds are not classified according to the fair value hierarchy, in accordance with Accounting Standards Codification 820, as the net asset value is used as a practical expedient to value the investment.

Marketable limited partnerships: Valued at the closing price reported on the active market on which the marketable limited partnerships are traded.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
(Continued)

Commingled pool funds: Each portfolio's net asset value (NAV) per unit is valued at the close of the New York Stock Exchange. The NAV is not publicly available but is published to existing client and service providers. The Plan uses the NAV as a practical expedient to estimate fair value, which is based upon the fair value of the underlying investments. Due to the nature of the investments, changes in market conditions, liquidity requirements and the economic environment, the NAV and consequently the fair value of the Plan's investments may be affected.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of May 31, 2023 and September 30, 2022:

Assets at Fair Value as of May 31, 2023

	Level 1	Level 2	Level 3	Total
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There were no assets held by the Plan at May 31, 2023.

Assets at Fair Value as of September 30, 2022

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 125,797,270	\$ -	\$ -	\$ 125,797,270
Total assets in the fair value hierarchy	125,797,270	-	-	125,797,270
Assets measured at net asset value ^(a)	-	-	-	194,991,484
Total assets at fair value	\$ 125,797,270	\$ -	\$ -	\$ 320,788,754

^(a) In accordance with Subtopic 820-10, certain investments that are measured at net asset value per share (or its equivalent) have not been classified 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 line items presented in the statement of net assets available for benefits in liquidation.

8 - Investments Measured Using the Net Asset Value Per Share Practical Expedient

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of May 31, 2023 and September 30, 2022, respectively.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
(Continued)

Investment	Fair Value		Unfunded Commitment		Redemption Frequency	Redemption Notice Period
	May 31, 2023	September 30, 2022	May 31, 2023	September 30, 2022		
Morgan Creek BRIC Plus Private Fund, Ltd.(A)	\$ -	\$ 418,865	\$ -	\$ -	(A)	(A)
Mercer Global Equity Series (B)	-	1,412,552	-	-	Twice a month	30 Days
Principal Enhanced Property Fund, L.P. (C)	-	42,076,315	-	-	Quarterly	90 Days
Hamilton Lane Secondary Fund V, L.P. (D)	-	10,463,447	-	6,800,000	(D)	(D)
IFM Global Infrastructure (US), L.P. (E)	-	11,996,634	-	-	Quarterly	90 Days
FIAM Intermediate Duration Commingled Pool (F)	-	34,406,342	-	-	Daily	15 Days
FIAM Long Corporate A or Better Commingled Pool (G)	-	63,110,922	-	-	Daily	15 Days
FIAM 8-10 Year Corporate Bond Commingled Pool (H)	-	31,106,407	-	-	Daily	15 Days
	<u>\$ -</u>	<u>\$ 194,991,484</u>	<u>\$ -</u>	<u>\$ 6,800,000</u>		

(A) The Morgan Creek BRIC Plus Private Fund, Ltd. is primarily structured as a fund-of-funds whose investment objective is to generate superior long-term investment returns relative to traditional equity benchmarks with significantly lower volatility of returns, a low degree correlation to traditional portfolios, and limited risk under a wide range of market conditions. The fund seeks to achieve this objective by investing its assets with a diversified group of alternative investment managers or in private funds employing a wide range of investment styles and strategies sponsored by investment managers. By focusing on investments with investment managers who are not constrained by traditional asset management restrictions, such as prohibitions against short selling, leverage, security type or investment concentration, the fund expects to engage investment managers within each market segment and investment discipline. The fair value of this investment has been estimated using the NAV per share of the investments provided by the fund manager. Stormont-Vail received special purpose vehicle shares in this fund as it redeemed out of the Morgan Creek Fund, Ltd.

(B) Securities in the Mercer Global Equity Series, a fund-of-funds, are both U.S. and non-U.S. based corporations traded on any global exchange. Investments in common stock, listed limited partnerships, preferred stock, exchange traded funds, exchange traded notes, securities convertible into common or preferred stock, bonds, American Depository Receipts, debentures and warrants are allowed. Additionally, investments in Global Depository Receipts and European Depository Receipts are allowed. The series is also permitted to invest in mutual funds and other commingled investment vehicles that invest in the types of global securities identified above. The decision to hedge the currency exposure (inherent in international investments) is at the discretion of the underlying investment managers. The fair value of this investment has been estimated using the NAV per share of the investments provided by the fund manager.

(C) Principal Enhanced Property Fund, L.P. (PEPF) is an open-end, commingled fund organized as a Delaware limited partnership. PEPF invests in a diversified portfolio of stabilized income producing properties, plus value-added and development projects in the United States of America. Each income producing real estate investment of PEPF is acquired and held through a domestically controlled real estate investment trust. The fair value of this investment has been estimated using the NAV per share of the investments provided by the fund manager.

(D) Hamilton Lane Secondary Fund V, LP (HLS), a Delaware limited partnership, is a partnership which invests substantially all of its assets in HLSF V Holdings LP (Holdings). Holdings acquires and holds a diversified portfolio of private equity investment funds, which may include venture-capital buyout,

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
(Continued)

mezzanine (hybrid debt/equity), industry focused and other private equity investments acquired through secondary market transactions. The Fund, either directly or indirectly through investment in Holdings, may make investments in newly formed private equity funds if deemed appropriate or necessary in connection with the Fund's secondary investment activities and may also acquire secondary direct investments. The Fund is a close-end fund which intends to be fully liquidated by October of 2034. The Pension Plan has subscribed to invest \$ 13,000,000 in the Fund. As of September 30, 2022, the Pension Plan's funded subscription was \$ 6,200,000 and the outstanding unfunded commitment was \$ 6,800,000. The subscription call period is estimated to be up to five years. Investments in the Fund are considered illiquid, with substantial return of capital not anticipated until the Fund and underlying investment vehicles liquidate investments in 2025 through 2034. The fair value of this investment has been estimated using the NAV of the investment as reported by the general partner of HLS, which is further estimated using the NAV as reported by the general partner of Holdings, and for some investments the NAV of Holdings investments.

(E) IFM Global Infrastructure (US), L.P. (IFM LP) is a limited partnership organized under the laws of the State of Delaware to acquire and maintain, through a Master Fund, a diversified portfolio of infrastructure investments. The Master Fund is not exclusively owned by IFM LP, which is an open-ended partnership. IFM LP seeks to achieve its objective by investing all or substantially all of its assets in a Master Fund, a multi-series unit trust organized under the Trust Law (Revised) of the Cayman Islands. The investment adviser to the Partnership is IFM Investors (US) Advisor, LLC, a limited liability company organized under the laws of the State of Delaware (IFM Advisor). Master Fund infrastructure investments are defined as facilities or assets which provide core essential service critical to the operation and development of economies generally, assets such as roads, ports, airports, rail infrastructure, marine terminals, energy facilities and structure, water, wastewater, waste treatment, etc. The fair value of this IFM LP has been estimated using the NAV of the investment as reported by IFM LP's general partner, which is further estimated using the NAV of Master Fund investments which are to be valued by independent appraisers.

(F) FIAM Intermediate Duration Commingled Pool is a separate fund that is part of the Fidelity Institutional Asset Management Trust Company FIAM Group Trust for Employee Benefit Plans Domestic Fixed Income Commingled Pools. The fund seeks to generate returns that over time exceed the Barclays Intermediate U.S. Government/Credit Index through investment primarily in fixed income instruments. The fair value of this investment has been estimated using the NAV per share of the investments provided by the fund manager.

(G) FIAM Long Corporate A or Better Commingled Pool is a separate fund that is part of the Fidelity Institutional Asset Management Trust Company FIAM Group Trust for Employee Benefit Plans Domestic Fixed Income Commingled Pools. The fund seeks to generate returns that over time exceed the Barclays Capital Long Corporate A or Better Index through investment primarily in fixed income securities and commingled vehicles. The fair value of this investment has been estimated using the NAV per share of the investments provided by the fund manager.

(H) FIAM 8-10 Year Corporate Bond Commingled Pool is a separate fund that is part of the Fidelity Institutional Asset Management Trust Company FIAM Group Trust for Employee Benefit Plans Domestic Fixed Income Commingled Pools. The fund seeks to maintain overall portfolio performance and characteristics consistent with the Bloomberg Barclays 8-10 Year Maturity A or Better Corporate Custom Index through investments primarily in fixed income instruments. The fair value of this investment has been estimated using the NAV per share of the investments provided by the fund manager.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS IN LIQUIDATION
(Continued)

9 - Tax Status

The plan obtained its latest determination letter on June 11, 2013, in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan was designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's liquidation basis financial statements. The IRS determined and informed the Corporation that the May 31, 2023 termination does not adversely affect the qualification of the Plan. The plan has applied for its final determination letter, however it has not been received as of the audit report date.

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. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

10 - Related-Party and Party-in-Interest Transactions

Plan investments are managed by the custodian and Gallagher. Fidelity is the custodian as defined by the Plan and Gallagher is an investment advisor; therefore, these transactions qualify as party-in-interest transactions. Some investment management and administrative fees are paid by the Corporation. Fees paid by the Plan for services for the Plan were \$ 1,549,144 for the period from October 1, 2022 to May 31, 2023 and \$ 2,102,427 for the year ended September 30, 2022.

11 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets in liquidation.

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

SUPPLEMENTARY INFORMATION REQUIRED FOR FORM 5500

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF PERIOD) - IN LIQUIDATION
PLAN NUMBER: 001 FEIN: 48-0543789
May 31, 2023

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value	
No investments held at the end of the period				

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS - IN LIQUIDATION
PLAN NUMBER: 001 FEIN 48-0543789
Period From October 1, 2022 to May 31, 2023

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value on Date of Transaction	(i) Net Gain or (Loss)
Fidelity Management Trust Company	Federated Hermes Government Obligations (143,269,052 shares) (series of purchase transactions)	\$ 143,269,052	N/A	N/A	N/A	\$ 143,269,052	\$ 143,269,052	\$ -
Fidelity Management Trust Company	Federated Hermes Government Obligations (123,444,588 shares) (single purchase transaction)	123,444,588	N/A	N/A	N/A	123,444,588	123,444,588	-
Fidelity Management Trust Company	Federated Hermes Government Obligations (269,066,319 shares) (series of sales transactions)	N/A	269,066,318	N/A	N/A	269,066,319	269,066,318	(1)
Fidelity Management Trust Company	FIAM 8-10 Year Corporate Bond Commingled Pool (3,008,359 shares) (series of sales transactions)	N/A	32,796,398	N/A	N/A	32,400,000	32,796,398	396,398
Fidelity Management Trust Company	FIAM Intermediate Duration Commingled Pool (1,290,562 shares) (series of sales transactions)	N/A	35,267,163	N/A	N/A	35,000,000	35,267,163	267,163

(Continued)

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS - IN LIQUIDATION
PLAN NUMBER: 001 FEIN: 48-0543789
(Continued)
Period From October 1, 2022 to May 31, 2023

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value on Date of Transaction	(i) Net Gain or (Loss)
Fidelity Management Trust Company	FIAM Long Corporate A or Better Commingled Pool (2,868,679 shares) (series of sales transactions)	N/A	\$ 67,381,088	N/A	N/A	\$ 67,500,000	\$ 67,381,088	\$ (118,912)
Fidelity Management Trust Company	Principal Enhanced Property Fund, L.P. (2,527,106 shares) (series of sales transactions)	N/A	37,185,891	N/A	N/A	33,157,072	37,185,891	4,028,819
Fidelity Management Trust Company	Federated Hermes Government Obligations (132,994,203 shares) (single sale transaction)	N/A	132,994,203	N/A	N/A	132,994,203	132,994,203	-
Fidelity Management Trust Company	Federated Hermes Government Obligations (118,315,709 shares) (single sale transaction)	N/A	118,315,709	N/A	N/A	118,315,709	118,315,709	-
Fidelity Management Trust Company	FIAM 8-10 Year Corporate Bond Commingled Pool (2,742,788 shares) (single sale transaction)	N/A	29,896,387	N/A	N/A	29,539,824	29,896,387	356,563

(Continued)

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS - IN LIQUIDATION
PLAN NUMBER: 001 FEIN: 48-0543789
(Continued)
Period From October 1, 2022 to May 31, 2023

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value on Date of Transaction	(i) Net Gain or (Loss)
Fidelity Management Trust Company	FIAM Intermediate Duration Commingled Pool (1,177,421 shares) (single sale transaction)	N/A	\$ 32,167,136	N/A	N/A	\$ 31,931,652	\$ 32,167,136	\$ 235,484
Fidelity Management Trust Company	FIAM Long Corporate A or Better Commingled Pool (2,615,299 shares) (single sale transaction)	N/A	61,381,065	N/A	N/A	61,537,983	61,381,065	(156,918)
Fidelity Management Trust Company	Principal Enhanced Property Fund, L.P. (2,382,833 shares) (single sale transaction)	N/A	35,057,631	N/A	N/A	31,264,123	35,057,631	3,793,508

2022 Form 5500 Schedule SB Attachments
 Schedule SB, Line 26a – Schedule of Active Participant Data
 Stormont-Vail HealthCare Retirement Plan
 For Plan Year Ended May 31, 2023

EIN: 48-0543789
 Plan Number: 001

Schedule of Active Participant Data

Attained Age	Completed Years of Service on October 1, 2022																			
	<u>≤1</u>		<u>1-4</u>		<u>5-9</u>		<u>10-14</u>		<u>15-19</u>		<u>20-24</u>		<u>25-29</u>		<u>30-34</u>		<u>35-39</u>		<u>40+</u>	
	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25-29	0		0		0		0		0		0		0		0		0		0	
30-34	0		62	70	3		0		0		0		0		0		0		0	
35-39	3		132	94	62	194	5		0		0		0		0		0		0	
40-44	2		74	133	75	230	48	406	0		0		0		0		0		0	
45-49	1		48	167	50	374	54	505	15	917	2		0		0		0		0	
50-54	1		58	161	63	565	65	800	31	917	13		0		0		0		0	
55-59	2		49	132	84	415	43	963	42	1669	13		13		0		0		0	
60-64	0		47	208	60	325	38	887	46	1350	19		22	1812	15		1		0	
65-69	0		7		9		1		2		0		1		1		2		0	
Over 69	0		1		0		0		0		0		0		0		0		0	

Average benefits equal monthly frozen accrued benefit as of the Plan's September 30, 2012 freeze date.

Actuarial Assumptions and Methods for Funding Purposes

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

Purpose	2022 Plan Year		2021 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Interest Rate Type	Stabilized	Non-Stabilized	Stabilized	Non-Stabilized
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	2	2	2	2
First 5 years	4.75%	1.27%	4.75%	1.13%
Next 15 years	5.18%	2.99%	5.36%	2.70%
Over 20 years	5.92%	3.51%	6.11%	3.38%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	ARPA	Not Applicable

Administrative Expenses included in Target Normal Cost: \$537,937. This reflects actual administrative expenses paid from the trust during the prior year. Also included is the PBGC premium amount owed for the current year.

Actuarial Assumptions and Methods for Funding Purposes (continued)

Mortality:

ERISA: IRS 2022 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430 (previously IRS 2021 Static Mortality Table using separate tables for annuitants and non-annuitants)

Retirement Rates: Rates varying by age as shown in the table below. Retirement rates were updated for the 2021 plan year valuation based on an experience study performed by Fidelity in February 2022.

<u>Age</u>	<u>Rate</u>
55	10.0%
56	10.0%
57	10.0%
58	10.0%
59	10.0%
60	10.0%
61	10.0%
62	10.0%
63	15.0%
64	40.0%
65	100.0%

Termination Rates: 2003 SOA Pension Plan Turnover Basic Age Table. Termination rates were updated for the 2021 plan year valuation based on an experience study performed by Fidelity in February 2022.

Sample rates are reflected in the table below.

<u>Age</u>	<u>Rate</u>
15	0.00%
25	18.51%
35	8.78%
45	6.21%
55	2.92%
65	2.82%

Actuarial Assumptions and Methods for Funding Purposes (continued)

Marital Status: 65% of males and females are assumed married, with females 3 years younger than males.

Maximum Benefit: \$245,000 for 2022. No future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: \$305,000 for 2022. No future increases in the salary limit have been reflected.

Form of Payment:

ERISA: 60% of active participants are assumed to elect a single life annuity, 20% are assumed to elect a 50% joint and survivor annuity, and 20% are assumed to elect a 100% joint and survivor annuity. 100% of terminated vested participants are assumed to elect a single life annuity. Form of Payment Assumptions were updated for the 2021 plan year valuation based on an experience study performed by Fidelity in February 2022.

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 15-year period beginning with such plan year.

Actuarial Assumptions and Methods for Funding Purposes (continued)

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT) purposes. Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

The projected unit credit method is used for IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS - IN LIQUIDATION
PLAN NUMBER: 001 FEIN 48-0543789
Period From October 1, 2022 to May 31, 2023

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value on Date of Transaction	(i) Net Gain or (Loss)
Fidelity Management Trust Company	Federated Hermes Government Obligations (143,269,052 shares) (series of purchase transactions)	\$ 143,269,052	N/A	N/A	N/A	\$ 143,269,052	\$ 143,269,052	\$ -
Fidelity Management Trust Company	Federated Hermes Government Obligations (123,444,588 shares) (single purchase transaction)	123,444,588	N/A	N/A	N/A	123,444,588	123,444,588	-
Fidelity Management Trust Company	Federated Hermes Government Obligations (269,066,319 shares) (series of sales transactions)	N/A	269,066,318	N/A	N/A	269,066,319	269,066,318	(1)
Fidelity Management Trust Company	FIAM 8-10 Year Corporate Bond Commingled Pool (3,008,359 shares) (series of sales transactions)	N/A	32,796,398	N/A	N/A	32,400,000	32,796,398	396,398
Fidelity Management Trust Company	FIAM Intermediate Duration Commingled Pool (1,290,562 shares) (series of sales transactions)	N/A	35,267,163	N/A	N/A	35,000,000	35,267,163	267,163

(Continued)

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS - IN LIQUIDATION
PLAN NUMBER: 001 FEIN: 48-0543789
(Continued)
Period From October 1, 2022 to May 31, 2023

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value on Date of Transaction	(i) Net Gain or Loss
Fidelity Management Trust Company	FIAM Long Corporate A or Better Commingled Pool (2,868,679 shares) (series of sales transactions)	N/A	\$ 67,381,088	N/A	N/A	\$ 67,500,000	\$ 67,381,088	\$ (118,912)
Fidelity Management Trust Company	Principal Enhanced Property Fund, L.P. (2,527,106 shares) (series of sales transactions)	N/A	37,185,891	N/A	N/A	33,157,072	37,185,891	4,028,819
Fidelity Management Trust Company	Federated Hermes Government Obligations (132,994,203 shares) (single sale transaction)	N/A	132,994,203	N/A	N/A	132,994,203	132,994,203	-
Fidelity Management Trust Company	Federated Hermes Government Obligations (118,315,709 shares) (single sale transaction)	N/A	118,315,709	N/A	N/A	118,315,709	118,315,709	-
Fidelity Management Trust Company	FIAM 8-10 Year Corporate Bond Commingled Pool (2,742,788 shares) (single sale transaction)	N/A	29,896,387	N/A	N/A	29,539,824	29,896,387	356,563

(Continued)

STORMONT-VAIL HEALTHCARE RETIREMENT PLAN
SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS - IN LIQUIDATION
PLAN NUMBER: 001 FEIN: 48-0543789

(Continued)

Period From October 1, 2022 to May 31, 2023

(a) Identity of Party Involved	(b) Description of Asset Including Interest Rate and Maturity in Case of Loan	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred with Transaction	(g) Cost of Asset	(h) Current Value on Date of Transaction	(i) Net Gain or (Loss)
Fidelity Management Trust Company	FIAM Intermediate Duration Commingled Pool (1,177,421 shares) (single sale transaction)	N/A	\$ 32,167,136	N/A	N/A	\$ 31,931,652	\$ 32,167,136	\$ 235,484
Fidelity Management Trust Company	FIAM Long Corporate A or Better Commingled Pool (2,615,299 shares) (single sale transaction)	N/A	61,381,065	N/A	N/A	61,537,983	61,381,065	(156,918)
Fidelity Management Trust Company	Principal Enhanced Property Fund, L.P. (2,382,833 shares) (single sale transaction)	N/A	35,057,631	N/A	N/A	31,264,123	35,057,631	3,793,508

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

**This Form is Open to Public
Inspection**

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 05/31/2023

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

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

A Name of plan STORMONT-VAIL HEALTHCARE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STORMONT-VAIL HEALTHCARE, INC.	D Employer Identification Number (EIN) 48-0543789	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value	2a	352,298,734	
b Actuarial value	2b	365,901,834	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,261	172,511,552	172,511,552
b For terminated vested participants	1,216	40,827,933	40,827,933
c For active participants	1,385	64,204,285	64,402,711
d Total	3,862	277,543,770	277,742,196
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.42%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	537,937	
c Total (line 6a + line 6b)	6c	537,937	

Statement by Enrolled Actuary

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

SIGN HERE	Julie Reyes	12/01/2023
	Signature of actuary	Date
JULIE REYES	Type or print name of actuary	2307004
		Most recent enrollment number
FIDELITY INVESTMENTS	Firm name	817-474-8475
		Telephone number (including area code)
TWO DESTINY WAY, WG4G		
WESTLAKE TX 76262	Address of the firm	

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

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

**Schedule SB (Form 5500) 2022
v. 220413**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-6.52</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		28,910,648
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.60</u> %		1,618,996
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		30,529,644
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	131.74 %
15	Adjusted funding target attainment percentage	15	130.37 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	121.02 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 61

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	537,937
b Excess assets, if applicable, but not greater than line 31a	31b	537,937

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

2022 Form 5500 Schedule SB Attachments
 Schedule SB, Line 22 – Description of Weighted Average Retirement Age
 Stormont-Vail HealthCare Retirement Plan
 For Plan Year Ended May 31, 2023

EIN: 48-0543789
 Plan Number: 001

<u>Age</u>	<u>Retirement Rate</u>	<u>Weight</u>	<u>Age x Weight</u>
55	10.00%	10.00%	5.5000
56	10.00%	9.00%	5.0400
57	10.00%	8.10%	4.6170
58	10.00%	7.29%	4.2282
59	10.00%	6.56%	3.8710
60	10.00%	5.90%	3.5429
61	10.00%	5.31%	3.2418
62	10.00%	4.78%	2.9654
63	15.00%	6.46%	4.0679
64	40.00%	14.64%	9.3670
65	100.00%	21.95%	14.2700
Weighted Average Retirement Age			60.7112
Round to Nearest Integer			61

2022 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Stormont-Vail HealthCare Retirement Plan
For Plan Year Ended May 31, 2023

EIN: 48-0543789
Plan Number: 001

Plan Year Ending	Funding Projected Benefit Payments			Total
	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	
2023	818,706	0	15,498,996	16,317,702
2024	1,439,168	199,848	15,426,587	17,065,603
2025	2,146,844	652,870	15,196,291	17,996,005
2026	2,735,154	1,004,033	14,924,833	18,664,020
2027	3,246,581	1,458,225	14,630,180	19,334,986
2028	3,688,822	1,845,725	14,305,850	19,840,397
2029	3,975,798	2,281,804	13,965,296	20,222,898
2030	4,225,884	2,515,079	13,596,513	20,337,476
2031	4,430,248	2,778,607	13,183,676	20,392,531
2032	4,602,808	3,000,090	12,753,326	20,356,224
2033	4,752,326	3,169,297	12,277,648	20,199,271
2034	4,912,018	3,311,694	11,777,401	20,001,113
2035	5,047,588	3,510,154	11,249,044	19,806,786
2036	5,156,397	3,686,489	10,695,923	19,538,809
2037	5,259,707	3,758,503	10,119,204	19,137,414
2038	5,325,168	3,845,646	9,517,458	18,688,272
2039	5,365,799	3,918,920	8,896,865	18,181,584
2040	5,397,057	3,962,919	8,260,078	17,620,054
2041	5,393,262	3,979,557	7,611,865	16,984,684
2042	5,353,948	3,978,306	6,957,776	16,290,030
2043	5,314,782	3,960,078	6,304,119	15,578,979
2044	5,243,171	3,922,613	5,657,821	14,823,605
2045	5,169,734	3,867,392	5,026,246	14,063,372
2046	5,075,835	3,796,896	4,416,913	13,289,644
2047	4,953,295	3,719,016	3,837,236	12,509,547
2048	4,836,382	3,606,299	3,294,081	11,736,762
2049	4,686,423	3,471,620	2,793,286	10,951,329
2050	4,496,110	3,325,176	2,339,312	10,160,598
2051	4,286,516	3,178,007	1,934,946	9,399,469
2052	4,067,603	2,996,242	1,581,107	8,644,952
2053	3,831,560	2,805,799	1,276,958	7,914,317
2054	3,586,417	2,608,758	1,020,138	7,215,313
2055	3,338,875	2,410,594	807,070	6,556,539
2056	3,085,349	2,214,264	633,348	5,932,961
2057	2,832,700	2,022,389	494,048	5,349,137

2022 Form 5500 Schedule SB Attachments
Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments
Stormont-Vail HealthCare Retirement Plan
For Plan Year Ended May 31, 2023

EIN: 48-0543789
Plan Number: 001

Plan Year Ending	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2058	2,587,505	1,837,329	384,061	4,808,895
2059	2,352,451	1,660,642	298,402	4,311,495
2060	2,129,078	1,493,525	232,447	3,855,050
2061	1,918,518	1,336,824	182,081	3,437,423
2062	1,721,489	1,191,064	143,794	3,056,347
2063	1,538,348	1,056,460	114,691	2,709,499
2064	1,369,147	932,951	92,470	2,394,568
2065	1,213,674	820,260	75,366	2,109,300
2066	1,071,503	717,930	62,058	1,851,491
2067	942,057	625,387	51,577	1,619,021
2068	824,659	542,009	43,215	1,409,883
2069	718,563	467,161	36,456	1,222,180
2070	623,009	400,214	30,920	1,054,143
2071	537,237	340,572	26,329	904,138
2072	460,514	287,678	22,481	770,673

**2022 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
Stormont-Vail HealthCare Retirement Plan
For Plan Year Ended May 31, 2023**

**EIN: 48-0543789
Plan Number: 001**

Plan Provisions

Name of Plan: Stormont-Vail HealthCare, Inc. Retirement Plan.

Employer Identification Number / Plan Number: 48-0543789/001.

Effective Date: October 10, 1962. Effective date of most recent plan document restatement is October 1, 2018.

Covered Employees: All employees are eligible to participate in the plan except leased employees, or employees covered by a collective bargaining agreement (unless coverage under the plan was negotiated by a union and the employer). The plan was closed to new entrants as of September 30, 2012.

Participation Date: The April 1st, or October 1st, following the later of attainment of age twenty-one, completion of one year of service, and the date that is one year after the participants original date of hire. No new participants will enter the plan after October 1, 2012.

Definitions:

Accrued Benefit: The participant's monthly benefit amount payable at Normal Retirement Date which was frozen as of September 30, 2012.

Normal Retirement Age: Age 65.

Normal Retirement Date (NRD): The first day of the month coinciding with or next following the date the Participant attains his Normal Retirement Age.

Employer: The Company and any other member of the affiliated group.

Plan Provisions (continued)

Eligibility for Benefits:

NRD: Retirement on Normal Retirement Date.

Early retirement: A participant may retire early on or after attaining age 55 and ten years of service.

Postponed retirement: A participant may postpone retirement beyond his normal retirement date and be eligible to receive a benefit determined as of such postponed date.

Deferred vested: Vested participants may commence their benefit once they are eligible for early retirement.

Pre-retirement spouse benefit: Death while eligible for Normal, Early, Postponed, or Deferred Vested Retirement benefits, with a surviving spouse.

Disability: Deemed disabled by the Social Security Administration.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Accrued Benefit as of Normal Retirement Date.

Early retirement: The Accrued Benefit at age 65 reduced 1/180 per month for the first 60 months and 1/360 per month for the next 60 months prior to Normal Retirement Date.

Postponed retirement: A monthly benefit determined as of the actual retirement date.

Plan Provisions (continued)

Termination with deferred vested benefit: The Accrued Benefit at age 65 reduced 1/180 per month for the first 60 months and 1/360 per month for the next 60 months prior to Normal Retirement Date.

Death with pre-retirement spouse benefit: The spouse of a vested participant is entitled to a monthly benefit commencing on the first day of the month following death (or the date the Participant would have reached age 55, if later). The amount of the spouse's benefit is the amount that would have been payable if the Participant retired with a qualified joint and survivor annuity on the day prior to death, or age 55 (if the Participant died prior to age 55).

Disability: Accrued Benefit as of Disability Retirement Date.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): Actuarially reduced 50% joint and survivor annuity with spouse as beneficiary.

Optional forms: Participants who retire under the plan may elect the following forms of payment:

- 5,10, or 15 Year Certain & Life Annuity
- 50%, 66 2/3%, 75%, or 100% Joint & Survivor Annuity
- Lump Sums under \$5,000

Maximum on Benefits and Pay: All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes: The Stormont-Vail HealthCare Retirement Plan was terminated via a standard termination during the fiscal year ending September 30, 2023. The funding valuation results do not reflect the plan termination because the termination amendment was adopted after the funding valuation date of October 1, 2022.