

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan UC HEALTH 403(B) RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 008
1c	Effective date of plan 01/01/2003
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) UC HEALTH, LLC 3200 BURNET AVENUE CINCINNATI, OH 45229
2b	Employer Identification Number (EIN) 31-1435820
2c	Plan Sponsor's telephone number 513-585-6947
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/02/2024	MARJORIE E. JONES ZYBLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/02/2024	HUGH HINDS
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 541
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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) 401 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g(1) 541 6g(2) 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:
 2F 2G 2L 2M 2T 3H 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 5
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023		
A Name of plan UC HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820	

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

(a) Name of insurance carrier
TALCOTT RESOLUTION LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	743431-01	0	01/01/2023	10/17/2023

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

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

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

Specify nature of costs ▶

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

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

b Balance at the end of the previous year **7b** **4678****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3) **0**

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

7c(4) **0**

(5) Other (specify below)

7c(5)

▶

(6) Total additions..... **7c(6)** **0****d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** **4678****e** Deductions:

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

7e(1) **4678**

(2) Administration charge made by carrier

7e(2)

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

7e(3) **0**

(4) Other (specify below)

7e(4)

▶

(5) Total deductions..... **7e(5)** **4678****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** **0**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023	
A Name of plan UC HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820

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

(a) Name of insurance carrier
TALCOTT RESOLUTION LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	743431-02	0	01/01/2023	10/17/2023

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

Specify nature of costs ▶

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

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

b Balance at the end of the previous year **7b** **148508****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

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

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions **7c(6)** **0****d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** **148508****e** Deductions:

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

7e(1)**148508**

(2) Administration charge made by carrier

7e(2)

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

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions **7e(5)** **148508****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** **0**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023	
A Name of plan UC HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820

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

(a) Name of insurance carrier
TALCOTT RESOLUTION LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0974148	88072	743431-03	0	01/01/2023	10/17/2023

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

Specify nature of costs ▶

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

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

b Balance at the end of the previous year **7b** 197054**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

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

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 197054**e** Deductions:

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

7e(1)

197054

(2) Administration charge made by carrier

7e(2)

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

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions **7e(5)** 197054**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023		
A Name of plan UC HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	075602	0	01/01/2023	10/17/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED GENERAL ACCOUNT CONTRACT****b** Balance at the end of the previous year **7b** **3672102**

c Additions: (1) Contributions deposited during the year	7c(1)	13
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	24504
(4) Transferred from separate account.....	7c(4)	0
(5) Other (specify below)	7c(5)	55599

▶ **MISCELLANEOUS IN TRANSFERS IN**(6) Total additions..... **7c(6)** **80116****d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** **3752218****e** Deductions:

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

7e(1) **3746199**

(2) Administration charge made by carrier

7e(2) **0**

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

7e(3) **0**

(4) Other (specify below)

7e(4) **6019**▶ **TRANSFERS OUT MISCELLANEOUS OUT FORFEITURES DEBITS**(5) Total deductions..... **7e(5)** **3752218****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** **0**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023	
A Name of plan UC HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820

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

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	441463	0	01/01/2023	10/17/2023

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☒ other ▶ CUSTODIAL GUARANTEED FUND CONTRACT**b** Balance at the end of the previous year **7b** 4141882**c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

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

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4141882**e** Deductions:

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

7e(1)

4141882

(2) Administration charge made by carrier

7e(2)

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

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions **7e(5)** 4141882**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023		
A Name of plan UC HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL RETIREMENT INSURANCE AND
06-1050034

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

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

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

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

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

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

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

(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?
13 15 37 50 64	NONE	9633	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

UBS FINANCIAL SERVICES, INC.

13-2638166

(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	NONE	87	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023		
A Name of plan UC HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC		
D Employer Identification Number (EIN) 31-1435820		

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	74453	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	29133547	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4022342	0
(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	33230342	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	33230342	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)		
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)	955	
(F) Other	2b(1)(F)	24505	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		25460
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	31221	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		31221
(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)		
(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)		1888520
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		1945201

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35163501	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		35163501
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	12042	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		12042
j Total expenses. Add all expense amounts in column (b) and enter total	2j		35175543

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-33230342
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: **ERNST & YOUNG LLP**

(2) EIN: **34-6565596**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) ☐ This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		☒	
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☒		
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.			

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 0.

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 10/17/2023

A Name of plan UC HEALTH 403(B) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ► 008
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820

Part I	Distributions
--------	---------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-1211670 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	☐ Yes ☐ No ☐ N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.	
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c
If you completed line 6c, skip lines 8 and 9.	
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes ☐ No ☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes ☐ No ☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes ☐ No

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

Schedule R (Form 5500) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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. _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 01 / 01 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number _____.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

UC Health 403(b) Retirement Savings Plan
October 17, 2023 (In Liquidation), and December 31, 2022
(In Liquidation) and December 31, 2021 (Ongoing), and
Period Ended October 17, 2023 (In Liquidation), and
Year Ended December 31, 2022 (In Liquidation),
With Report of Independent Auditors

Ernst & Young LLP



UC Health 403(b) Retirement Savings Plan

Financial Statements and Supplemental Schedule

October 17, 2023 (In Liquidation), and December 31, 2022 (In Liquidation) and December 31,
2021 (Ongoing), and Period Ended October 17, 2023 (In Liquidation), and Year Ended
December 31, 2022 (In Liquidation)

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Report of Independent Auditors

UC Health Retirement Plan Committee
UC Health 403(b) Retirement Savings Plan

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

We were engaged to perform audits of the financial statements of the UC Health 403(b) Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of October 17, 2023 (in liquidation) and December 31, 2022 (in liquidation) and December 31, 2021 (going concern), and the related statements of changes in net assets available for benefits for the period ended October 17, 2023 (in liquidation) and year ended December 31, 2022 (in liquidation), and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of October 17, 2023, December 31, 2022 and December 31, 2021, and for the period ended October 17, 2023 and year ended December 31, 2022, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements may have been affected by these conditions.

Adoption of Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the governing body of the Plan approved a plan of liquidation on December 14, 2022, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting for the period ended October 17, 2023 and year ended December 31, 2022 from the going concern basis to a liquidation basis.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit.

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Ernst & Young LLP

August 1, 2024

UC Health 403(b) Retirement Savings Plan

Statements of Net Assets Available for Benefits

	October 17, 2023	December 31, 2022	December 31, 2021
	(In Liquidation)	(In Liquidation)	(Ongoing)
Assets			
Investments:			
Participant-directed investments:			
Mutual funds at fair value	\$ —	\$ 29,133,547	\$ 38,871,291
Fully benefit-responsive investment contracts at contract value	—	4,022,342	4,131,479
Total investments	—	33,155,889	43,002,770
Receivables:			
Participant contributions	—	—	15,413
Notes receivable from participants	—	74,453	139,476
Total receivables	—	74,453	154,889
Net assets available for benefits	<u>\$ —</u>	<u>\$ 33,230,342</u>	<u>\$ 43,157,659</u>

See notes to financial statements.

UC Health 403(b) Retirement Savings Plan

Statements of Changes in Net Assets Available for Benefits

	Period Ended October 17, 2023 (In Liquidation)	Year Ended December 31, 2022 (In Liquidation)
Additions:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,888,520	\$ (7,415,497)
Interest income from investments at contract value	24,505	77,172
Interest and dividend income	31,221	838,673
Net investment income (loss)	1,944,246	(6,499,652)
Interest income on notes receivable from participants	955	4,842
Total additions	1,945,201	(6,494,810)
Deductions:		
Benefits paid to participants	35,163,501	3,415,272
Administrative expenses	12,042	17,235
Total deductions	35,175,543	3,432,507
Decrease in net assets	(33,230,342)	(9,927,317)
Net assets available for benefits:		
Beginning	33,230,342	43,157,659
Ending	\$ —	\$ 33,230,342

See notes to financial statements.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements

October 17, 2023 and December 31, 2022 (In Liquidation)

1. Description of the Plan

The following description of the UC Health 403(b) Retirement Savings Plan (the Plan) was provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

Plan Termination

On December 14, 2022, the Board of Directors of UC Health, LLC approved the termination of the Plan and the Plan was amended to terminate effective February 28, 2023. Following the termination of the Plan, participant accounts were distributed in lump-sum payments in cash, subject to the participant's rollover right. If a participant did not elect to have a distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, the Plan Administrator directed that the distribution be made in cash for balances under \$1,000 or as a direct rollover to an individual retirement account through Empower Retirement if the balance was greater than \$1,000. Plan assets were distributed by October 17, 2023.

In addition, as a result of the plan termination, the financial statements for the period ended October 17, 2023, and the year ended December 31, 2022, have been prepared in accordance with the liquidation basis of accounting. There were no significant incremental costs to be incurred or investment income to be earned as a result of the liquidation. The liquidation basis of accounting had no material impact to the net assets available for benefits as of October 17, 2023, or December 31, 2022, or the results of plan operations for the period ended October 17, 2023 or the year ended December 31, 2022.

General

The Plan was a tax-deferred annuity plan governed by the provisions of Section 403(b) of the Internal Revenue Code (IRC) and covered substantially all salaried and hourly employees of UC Health, LLC (the Company). UC Health, LLC was the plan sponsor. The Plan also covered substantially all employees of University of Cincinnati Medical Center, LLC; Daniel Drake Center for Post-Acute Care, LLC; West Chester Hospital, LLC; and University of Cincinnati Physicians Company, LLC. The Company controlled and managed the operation and administration of the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Contributions

Effective January 1, 2022, an amendment to the Plan stated that no employee shall become an eligible employee of the Plan, and no participant shall make an elective deferred contribution to the Plan.

Participant Accounts

Individual accounts were maintained for each plan participant. Each participant's account was credited with the participant's contributions and allocations of investment results and was charged with withdrawals and allocations of plan expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could have been provided from the participant's account.

Investments

Participants directed the investment of their contributions into various investment options offered by the Plan. The Plan offered various mutual funds and investment contracts as investment options for participants.

Vesting

Participants were always fully vested in their accounts. As a result, there were no forfeited accounts.

Notes Receivable From Participants

Through December 31, 2021, participants were able to borrow from their fund accounts up to a maximum of \$50,000 and a minimum of \$1,000. The maximum loan was reduced by the participant's highest outstanding loan balance or 50% of their account balance with a lower limit of \$10,000, reduced by all of the participant's outstanding loan balances, whichever was less. The loans were secured by the balance in the participant's account. The interest rate was based on the rates available for similar loans from commercial lending institutions, which were reviewed periodically by the Plan Administrator. Principal and interest were paid ratably through payroll deductions and direct payments with the custodian. Interest rates ranged from 4.25% to 6.50% as of December 31, 2022 and 2021. There were no outstanding loans as of the Plan's termination date.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Payment of Benefits

On termination of service due to death, permanent disability, retirement, or any other reason, a participant, or their beneficiary, was entitled to receive, in a lump-sum cash distribution, an amount equal to the value of the participant's account.

Participants were also eligible to take in-service distributions from their account during employment if older than 65 or for a hardship withdrawal in the event of certain financial hardship.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the liquidation basis of accounting for the period ended October 17, 2023, and the year ended December 31, 2022, as described in Note 1. The accompanying financial statements for the year ended December 31, 2021, have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) required plan management to make estimates and assumptions that affected the reported amounts in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilized various investment instruments, including mutual funds and investment contracts. Investment securities, in general, were exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it was reasonably possible that changes in the values of investment securities could have occurred in the near term and that such changes could have materially affected the value of the participants' account balances and the amounts reported in the financial statements.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments in mutual funds were stated at fair value and the Plan's fully benefit-responsive investment contracts were reported at contract value. Fair value of a financial instrument was the price that would have been received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion on fair value measurements.

The Plan's investment contracts with insurance companies were fully benefit responsive and, therefore, were required to be reported at contract value. Contract value was the relevant measure for fully benefit-responsive investment contracts. Contract value was the amount plan participants would have received if they were to initiate permitted transactions under the terms of the Plan. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) included capital gain distributions, as well as the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable From Participants

Notes receivable from participants were measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans were recorded as distributions, based on terms of the Plan Document.

Administrative Expenses

Administrative expenses of the Plan were paid by the Plan or the plan sponsor as provided in the Plan Document. Management fees and operating expenses charged to the Plan for investments in the mutual funds and investment contracts were deducted from income earned on a daily basis and were not separately reflected.

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

3. Related-Party and Party-in-Interest Transactions

Certain plan investments were shares of mutual funds and investment contracts managed by the custodians as defined in Note 5. Therefore, these transactions qualified as party-in-interest transactions; however, they were exempt from the prohibited transactions rules under ERISA.

4. Tax Status

The underlying preapproved plan has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, stating that the written form of the underlying preapproved document was qualified under Section 403(b) of the IRC. Any employer adopting this form of the plan would be considered to have a plan qualified under Section 403(b) of the IRC and, therefore, the related custodial accounts were tax-exempt. Once qualified, the Plan was required to operate in conformity with the IRC to maintain its qualified status. The Plan Administrator believed the Plan was being operated in compliance with the applicable requirements of the IRC and, therefore, believed the Plan was qualified and the related custodial accounts were tax-exempt.

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

5. Information Certified by the Custodians

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at October 17, 2023, December 31, 2022, and December 31, 2021, and net appreciation (depreciation) in fair value of investments, interest income from investments at contract value, interest and dividend income, and interest income on notes receivable from participants for the period ended October 17, 2023, and year ended December 31, 2022, was obtained or derived from information provided to the Plan Administrator and certified

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

5. Information Certified by the Custodians (continued)

as complete and accurate by Prudential Bank & Trust, FSB as of March 31, 2023, December 31, 2022, and December 31, 2021, and for the period January 1, 2023 to March 31, 2023 and the year ended December 31, 2022, Empower Trust Company, LLC as of October 17, 2023 and for the period April 1, 2023 to October 17, 2023 and Empower Annuity Insurance Company (renamed from Prudential Retirement Insurance and Annuity Company effective October 3, 2022) as of October 17, 2023, December 31, 2022, and December 31, 2021, and for the period January 1, 2023 to October 17, 2023 and the year ended December 31, 2022, the custodians of the Plan.

6. Investment Contracts With Insurance Companies

The Plan held fully benefit-responsive guaranteed investment contracts (traditional investment contracts) with Hartford Life Insurance Company, for which Empower Retirement was the custodian. Hartford Life Insurance Company maintained a general account, which was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Participants might have ordinarily directed the withdrawal or transfer of all or a portion of their investment at contract value.

Hartford Life Insurance Company was contractually obligated to pay the principal and specified interest rate that was guaranteed to the Plan. The crediting interest rate was based on a formula agreed upon with Hartford Life Insurance Company but might not have been less than 0%. Such interest rates were reviewed on a quarterly basis for resetting. The crediting rate of the contract tracked current market yields on a trailing basis.

Additionally, the Plan invested in the Prudential Guaranteed Income Fund, a fully benefit-responsive group annuity contract issued by Prudential Retirement Insurance and Annuity Company (a traditional investment contract). The issuer was contractually obligated to repay the principal and interest at a specified interest rate that was guaranteed to the Plan. The issuer maintained the contributions in a general account. The account was credited with participant contributions plus earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed interest rate was announced in advance and was guaranteed for a six-month period. The interest rate for the contract was 1.70% for January 1, 2022 – June 30, 2022, and 1.75% for July 1, 2022 – December 31, 2022. The interest rate for the contract was 1.95% for January 1, 2023 – June 30, 2023, and 2.25% for July 1, 2023 – October 17, 2023.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

6. Investment Contracts With Insurance Companies (continued)

Generally, there were no events that could limit the ability of the Plan to transact at contract value with the contract issuers or participants. There were no events that allowed the contract issuers to terminate the contracts and that required the Plan to settle at an amount different from contract value.

7. Fair Value Measurements

The fair value framework established a fair value hierarchy that prioritized the inputs to valuation techniques used to measure fair value. The fair value hierarchy gave the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

Level 1 – Inputs utilized quoted market prices from active markets for identical assets or liabilities that the Plan had the ability to access.

Level 2 – Inputs might have included quoted prices for similar assets and liabilities in active markets, as well as inputs that were observable for the asset and liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves that were observable at commonly quoted intervals.

Level 3 – Inputs were unobservable for the asset or liability, which was typically based on an entity's own assumptions, as there was little, if any, related market activity.

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

Valuation technologies maximized the use of relevant observable inputs and minimized the use of unobservable inputs. The following was a description of the valuation techniques and inputs used for assets measured at fair value.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

Mutual Funds

Mutual funds were valued at the daily closing price as reported by the fund. Mutual funds held by the Plan were open-ended mutual funds that were registered with the Securities and Exchange Commission. These funds were required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan were deemed to be actively traded.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at October 17, 2023, December 31, 2022, and December 31, 2021:

		2023 (In Liquidation)			
		Level 1	Level 2	Level 3	Total
Investments measured at fair value:					
Mutual funds		\$ –	\$ –	\$ –	\$ –
		2022 (In Liquidation)			
		Level 1	Level 2	Level 3	Total
Investments measured at fair value:					
Mutual funds		\$ 29,133,547	\$ –	\$ –	\$ 29,133,547
		2021 (Ongoing)			
		Level 1	Level 2	Level 3	Total
Investments measured at fair value:					
Mutual funds		\$ 38,871,291	\$ –	\$ –	\$ 38,871,291

8. Subsequent Events

Subsequent events were evaluated through August 1, 2024, the date the accompanying financial statements were available to be issued.

Supplemental Schedule

UC Health 403(b) Retirement Savings Plan

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

EIN #31-1435820 Plan #008

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value on Loans	(e) Current Value
Investment contracts:			
*	Prudential Guaranteed Income Fund	Investment with insurance company	\$ 3,672,102
*	Hartford Life Insurance Company Guaranteed Investment Contract	Investment with insurance company	350,240
			<u>4,022,342</u>
Mutual funds:			
	John Hancock Funds Disciplined Value Fund Class R6		345,815
*	Prudential Day One 2015 Fund Class R6		367,688
*	Prudential Day One 2020 Fund Class R6		2,156,505
*	Prudential Day One 2025 Fund Class R6		3,482,165
*	Prudential Day One 2030 Fund Class R6		4,552,625
*	Prudential Day One 2035 Fund Class R6		1,387,464
*	Prudential Day One 2040 Fund Class R6		3,049,674
*	Prudential Day One 2045 Fund Class R6		1,080,618
*	Prudential Day One 2050 Fund Class R6		1,178,436
*	Prudential Day One 2055 Fund Class R6		181,511
*	Prudential Day One 2060 Fund Class R6		10,705
*	Prudential Day One 2065 Fund Class R6		1,579
*	Prudential Day One Income Fund Class R6		85,539
	The Hartford International Opportunities Fund Class R6		439,146
	Principal Equity Income Fund Institutional Class		772,551
	PGIM Jennison Global Equity Income Fund		2,112,340
	American Funds New Perspective Fund Class R-6		1,041,740
	Principal Small Cap Growth Fund I Class R-6		338,259
	PGIM High Yield Fund Class R6		253,020
	BNY Mellon Small Cap Value Fund Class I		184,557
	Fidelity Inflation-Protected Bond Index Fund		111,111
	Fidelity 500 Index Fund		3,256,882
	Fidelity Mid Cap Index Fund		826,748
	Fidelity Small Cap Index Fund		702,774
	JPMorgan Core Plus Bond Fund Class R6		842,439
	Artisan Mid Cap Fund		370,653
	Hartford Ultrashort Bond Fund		604
	LN AP FUND		399
			<u>29,133,547</u>
*	Participant loans (maturing through August 2026 at interest rates of 4.25% to 6.50%)		74,453
			<u>\$ 33,230,342</u>
*	Represents a party in interest		

Column (d) (Cost) has been omitted as it is not required for participant-directed investments under ERISA.

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FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

UC Health 403(b) Retirement Savings Plan
October 17, 2023 (In Liquidation), and December 31, 2022
(In Liquidation) and December 31, 2021 (Ongoing), and
Period Ended October 17, 2023 (In Liquidation), and
Year Ended December 31, 2022 (In Liquidation),
With Report of Independent Auditors

Ernst & Young LLP



UC Health 403(b) Retirement Savings Plan

Financial Statements and Supplemental Schedule

October 17, 2023 (In Liquidation), and December 31, 2022 (In Liquidation) and December 31,
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Report of Independent Auditors

UC Health Retirement Plan Committee
UC Health 403(b) Retirement Savings Plan

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

We were engaged to perform audits of the financial statements of the UC Health 403(b) Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of October 17, 2023 (in liquidation) and December 31, 2022 (in liquidation) and December 31, 2021 (going concern), and the related statements of changes in net assets available for benefits for the period ended October 17, 2023 (in liquidation) and year ended December 31, 2022 (in liquidation), and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of October 17, 2023, December 31, 2022 and December 31, 2021, and for the period ended October 17, 2023 and year ended December 31, 2022, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements may have been affected by these conditions.

Adoption of Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the governing body of the Plan approved a plan of liquidation on December 14, 2022, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting for the period ended October 17, 2023 and year ended December 31, 2022 from the going concern basis to a liquidation basis.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit.

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Ernst & Young LLP

August 1, 2024

UC Health 403(b) Retirement Savings Plan

Statements of Net Assets Available for Benefits

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Participant-directed investments:			
Mutual funds at fair value	\$ —	\$ 29,133,547	\$ 38,871,291
Fully benefit-responsive investment contracts at contract value	—	4,022,342	4,131,479
Total investments	—	33,155,889	43,002,770
Receivables:			
Participant contributions	—	—	15,413
Notes receivable from participants	—	74,453	139,476
Total receivables	—	74,453	154,889
Net assets available for benefits	<u>\$ —</u>	<u>\$ 33,230,342</u>	<u>\$ 43,157,659</u>

See notes to financial statements.

UC Health 403(b) Retirement Savings Plan

Statements of Changes in Net Assets Available for Benefits

	Period Ended October 17, 2023 (In Liquidation)	Year Ended December 31, 2022 (In Liquidation)
Additions:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,888,520	\$ (7,415,497)
Interest income from investments at contract value	24,505	77,172
Interest and dividend income	31,221	838,673
Net investment income (loss)	1,944,246	(6,499,652)
Interest income on notes receivable from participants	955	4,842
Total additions	1,945,201	(6,494,810)
Deductions:		
Benefits paid to participants	35,163,501	3,415,272
Administrative expenses	12,042	17,235
Total deductions	35,175,543	3,432,507
Decrease in net assets	(33,230,342)	(9,927,317)
Net assets available for benefits:		
Beginning	33,230,342	43,157,659
Ending	\$ —	\$ 33,230,342

See notes to financial statements.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements

October 17, 2023 and December 31, 2022 (In Liquidation)

1. Description of the Plan

The following description of the UC Health 403(b) Retirement Savings Plan (the Plan) was provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

Plan Termination

On December 14, 2022, the Board of Directors of UC Health, LLC approved the termination of the Plan and the Plan was amended to terminate effective February 28, 2023. Following the termination of the Plan, participant accounts were distributed in lump-sum payments in cash, subject to the participant's rollover right. If a participant did not elect to have a distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, the Plan Administrator directed that the distribution be made in cash for balances under \$1,000 or as a direct rollover to an individual retirement account through Empower Retirement if the balance was greater than \$1,000. Plan assets were distributed by October 17, 2023.

In addition, as a result of the plan termination, the financial statements for the period ended October 17, 2023, and the year ended December 31, 2022, have been prepared in accordance with the liquidation basis of accounting. There were no significant incremental costs to be incurred or investment income to be earned as a result of the liquidation. The liquidation basis of accounting had no material impact to the net assets available for benefits as of October 17, 2023, or December 31, 2022, or the results of plan operations for the period ended October 17, 2023 or the year ended December 31, 2022.

General

The Plan was a tax-deferred annuity plan governed by the provisions of Section 403(b) of the Internal Revenue Code (IRC) and covered substantially all salaried and hourly employees of UC Health, LLC (the Company). UC Health, LLC was the plan sponsor. The Plan also covered substantially all employees of University of Cincinnati Medical Center, LLC; Daniel Drake Center for Post-Acute Care, LLC; West Chester Hospital, LLC; and University of Cincinnati Physicians Company, LLC. The Company controlled and managed the operation and administration of the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Contributions

Effective January 1, 2022, an amendment to the Plan stated that no employee shall become an eligible employee of the Plan, and no participant shall make an elective deferred contribution to the Plan.

Participant Accounts

Individual accounts were maintained for each plan participant. Each participant's account was credited with the participant's contributions and allocations of investment results and was charged with withdrawals and allocations of plan expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could have been provided from the participant's account.

Investments

Participants directed the investment of their contributions into various investment options offered by the Plan. The Plan offered various mutual funds and investment contracts as investment options for participants.

Vesting

Participants were always fully vested in their accounts. As a result, there were no forfeited accounts.

Notes Receivable From Participants

Through December 31, 2021, participants were able to borrow from their fund accounts up to a maximum of \$50,000 and a minimum of \$1,000. The maximum loan was reduced by the participant's highest outstanding loan balance or 50% of their account balance with a lower limit of \$10,000, reduced by all of the participant's outstanding loan balances, whichever was less. The loans were secured by the balance in the participant's account. The interest rate was based on the rates available for similar loans from commercial lending institutions, which were reviewed periodically by the Plan Administrator. Principal and interest were paid ratably through payroll deductions and direct payments with the custodian. Interest rates ranged from 4.25% to 6.50% as of December 31, 2022 and 2021. There were no outstanding loans as of the Plan's termination date.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Payment of Benefits

On termination of service due to death, permanent disability, retirement, or any other reason, a participant, or their beneficiary, was entitled to receive, in a lump-sum cash distribution, an amount equal to the value of the participant's account.

Participants were also eligible to take in-service distributions from their account during employment if older than 65 or for a hardship withdrawal in the event of certain financial hardship.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the liquidation basis of accounting for the period ended October 17, 2023, and the year ended December 31, 2022, as described in Note 1. The accompanying financial statements for the year ended December 31, 2021, have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) required plan management to make estimates and assumptions that affected the reported amounts in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilized various investment instruments, including mutual funds and investment contracts. Investment securities, in general, were exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it was reasonably possible that changes in the values of investment securities could have occurred in the near term and that such changes could have materially affected the value of the participants' account balances and the amounts reported in the financial statements.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments in mutual funds were stated at fair value and the Plan's fully benefit-responsive investment contracts were reported at contract value. Fair value of a financial instrument was the price that would have been received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion on fair value measurements.

The Plan's investment contracts with insurance companies were fully benefit responsive and, therefore, were required to be reported at contract value. Contract value was the relevant measure for fully benefit-responsive investment contracts. Contract value was the amount plan participants would have received if they were to initiate permitted transactions under the terms of the Plan. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) included capital gain distributions, as well as the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable From Participants

Notes receivable from participants were measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans were recorded as distributions, based on terms of the Plan Document.

Administrative Expenses

Administrative expenses of the Plan were paid by the Plan or the plan sponsor as provided in the Plan Document. Management fees and operating expenses charged to the Plan for investments in the mutual funds and investment contracts were deducted from income earned on a daily basis and were not separately reflected.

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

3. Related-Party and Party-in-Interest Transactions

Certain plan investments were shares of mutual funds and investment contracts managed by the custodians as defined in Note 5. Therefore, these transactions qualified as party-in-interest transactions; however, they were exempt from the prohibited transactions rules under ERISA.

4. Tax Status

The underlying preapproved plan has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, stating that the written form of the underlying preapproved document was qualified under Section 403(b) of the IRC. Any employer adopting this form of the plan would be considered to have a plan qualified under Section 403(b) of the IRC and, therefore, the related custodial accounts were tax-exempt. Once qualified, the Plan was required to operate in conformity with the IRC to maintain its qualified status. The Plan Administrator believed the Plan was being operated in compliance with the applicable requirements of the IRC and, therefore, believed the Plan was qualified and the related custodial accounts were tax-exempt.

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

5. Information Certified by the Custodians

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at October 17, 2023, December 31, 2022, and December 31, 2021, and net appreciation (depreciation) in fair value of investments, interest income from investments at contract value, interest and dividend income, and interest income on notes receivable from participants for the period ended October 17, 2023, and year ended December 31, 2022, was obtained or derived from information provided to the Plan Administrator and certified

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

5. Information Certified by the Custodians (continued)

as complete and accurate by Prudential Bank & Trust, FSB as of March 31, 2023, December 31, 2022, and December 31, 2021, and for the period January 1, 2023 to March 31, 2023 and the year ended December 31, 2022, Empower Trust Company, LLC as of October 17, 2023 and for the period April 1, 2023 to October 17, 2023 and Empower Annuity Insurance Company (renamed from Prudential Retirement Insurance and Annuity Company effective October 3, 2022) as of October 17, 2023, December 31, 2022, and December 31, 2021, and for the period January 1, 2023 to October 17, 2023 and the year ended December 31, 2022, the custodians of the Plan.

6. Investment Contracts With Insurance Companies

The Plan held fully benefit-responsive guaranteed investment contracts (traditional investment contracts) with Hartford Life Insurance Company, for which Empower Retirement was the custodian. Hartford Life Insurance Company maintained a general account, which was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Participants might have ordinarily directed the withdrawal or transfer of all or a portion of their investment at contract value.

Hartford Life Insurance Company was contractually obligated to pay the principal and specified interest rate that was guaranteed to the Plan. The crediting interest rate was based on a formula agreed upon with Hartford Life Insurance Company but might not have been less than 0%. Such interest rates were reviewed on a quarterly basis for resetting. The crediting rate of the contract tracked current market yields on a trailing basis.

Additionally, the Plan invested in the Prudential Guaranteed Income Fund, a fully benefit-responsive group annuity contract issued by Prudential Retirement Insurance and Annuity Company (a traditional investment contract). The issuer was contractually obligated to repay the principal and interest at a specified interest rate that was guaranteed to the Plan. The issuer maintained the contributions in a general account. The account was credited with participant contributions plus earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed interest rate was announced in advance and was guaranteed for a six-month period. The interest rate for the contract was 1.70% for January 1, 2022 – June 30, 2022, and 1.75% for July 1, 2022 – December 31, 2022. The interest rate for the contract was 1.95% for January 1, 2023 – June 30, 2023, and 2.25% for July 1, 2023 – October 17, 2023.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

6. Investment Contracts With Insurance Companies (continued)

Generally, there were no events that could limit the ability of the Plan to transact at contract value with the contract issuers or participants. There were no events that allowed the contract issuers to terminate the contracts and that required the Plan to settle at an amount different from contract value.

7. Fair Value Measurements

The fair value framework established a fair value hierarchy that prioritized the inputs to valuation techniques used to measure fair value. The fair value hierarchy gave the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

Level 1 – Inputs utilized quoted market prices from active markets for identical assets or liabilities that the Plan had the ability to access.

Level 2 – Inputs might have included quoted prices for similar assets and liabilities in active markets, as well as inputs that were observable for the asset and liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves that were observable at commonly quoted intervals.

Level 3 – Inputs were unobservable for the asset or liability, which was typically based on an entity's own assumptions, as there was little, if any, related market activity.

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

Valuation technologies maximized the use of relevant observable inputs and minimized the use of unobservable inputs. The following was a description of the valuation techniques and inputs used for assets measured at fair value.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

Mutual Funds

Mutual funds were valued at the daily closing price as reported by the fund. Mutual funds held by the Plan were open-ended mutual funds that were registered with the Securities and Exchange Commission. These funds were required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan were deemed to be actively traded.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at October 17, 2023, December 31, 2022, and December 31, 2021:

		2023 (In Liquidation)			
		Level 1	Level 2	Level 3	Total
Investments measured at fair value:					
Mutual funds		\$ –	\$ –	\$ –	\$ –
		2022 (In Liquidation)			
		Level 1	Level 2	Level 3	Total
Investments measured at fair value:					
Mutual funds		\$ 29,133,547	\$ –	\$ –	\$ 29,133,547
		2021 (Ongoing)			
		Level 1	Level 2	Level 3	Total
Investments measured at fair value:					
Mutual funds		\$ 38,871,291	\$ –	\$ –	\$ 38,871,291

8. Subsequent Events

Subsequent events were evaluated through August 1, 2024, the date the accompanying financial statements were available to be issued.

Supplemental Schedule

UC Health 403(b) Retirement Savings Plan

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

EIN #31-1435820 Plan #008

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value on Loans	(e) Current Value
Investment contracts:			
*	Prudential Guaranteed Income Fund	Investment with insurance company	\$ 3,672,102
*	Hartford Life Insurance Company Guaranteed Investment Contract	Investment with insurance company	350,240
			<u>4,022,342</u>
Mutual funds:			
	John Hancock Funds Disciplined Value Fund Class R6		345,815
*	Prudential Day One 2015 Fund Class R6		367,688
*	Prudential Day One 2020 Fund Class R6		2,156,505
*	Prudential Day One 2025 Fund Class R6		3,482,165
*	Prudential Day One 2030 Fund Class R6		4,552,625
*	Prudential Day One 2035 Fund Class R6		1,387,464
*	Prudential Day One 2040 Fund Class R6		3,049,674
*	Prudential Day One 2045 Fund Class R6		1,080,618
*	Prudential Day One 2050 Fund Class R6		1,178,436
*	Prudential Day One 2055 Fund Class R6		181,511
*	Prudential Day One 2060 Fund Class R6		10,705
*	Prudential Day One 2065 Fund Class R6		1,579
*	Prudential Day One Income Fund Class R6		85,539
	The Hartford International Opportunities Fund Class R6		439,146
	Principal Equity Income Fund Institutional Class		772,551
	PGIM Jennison Global Equity Income Fund		2,112,340
	American Funds New Perspective Fund Class R-6		1,041,740
	Principal Small Cap Growth Fund I Class R-6		338,259
	PGIM High Yield Fund Class R6		253,020
	BNY Mellon Small Cap Value Fund Class I		184,557
	Fidelity Inflation-Protected Bond Index Fund		111,111
	Fidelity 500 Index Fund		3,256,882
	Fidelity Mid Cap Index Fund		826,748
	Fidelity Small Cap Index Fund		702,774
	JPMorgan Core Plus Bond Fund Class R6		842,439
	Artisan Mid Cap Fund		370,653
	Hartford Ultrashort Bond Fund		604
	LN AP FUND		399
			<u>29,133,547</u>
*	Participant loans (maturing through August 2026 at interest rates of 4.25% to 6.50%)		74,453
			<u>\$ 33,230,342</u>
*	Represents a party in interest		

Column (d) (Cost) has been omitted as it is not required for participant-directed investments under ERISA.

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FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULE

UC Health 403(b) Retirement Savings Plan
October 17, 2023 (In Liquidation), and December 31, 2022
(In Liquidation) and December 31, 2021 (Ongoing), and
Period Ended October 17, 2023 (In Liquidation), and
Year Ended December 31, 2022 (In Liquidation),
With Report of Independent Auditors

Ernst & Young LLP



UC Health 403(b) Retirement Savings Plan

Financial Statements and Supplemental Schedule

October 17, 2023 (In Liquidation), and December 31, 2022 (In Liquidation) and December 31,
2021 (Ongoing), and Period Ended October 17, 2023 (In Liquidation), and Year Ended
December 31, 2022 (In Liquidation)

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Report of Independent Auditors

UC Health Retirement Plan Committee
UC Health 403(b) Retirement Savings Plan

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

We were engaged to perform audits of the financial statements of the UC Health 403(b) Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of October 17, 2023 (in liquidation) and December 31, 2022 (in liquidation) and December 31, 2021 (going concern), and the related statements of changes in net assets available for benefits for the period ended October 17, 2023 (in liquidation) and year ended December 31, 2022 (in liquidation), and the related notes (collectively referred to as the “financial statements”).

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

Management has obtained certifications from a qualified institution as of October 17, 2023, December 31, 2022 and December 31, 2021, and for the period ended October 17, 2023 and year ended December 31, 2022, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the financial statements may have been affected by these conditions.

Adoption of Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the governing body of the Plan approved a plan of liquidation on December 14, 2022, and management determined liquidation is imminent. As a result, the Plan changed its basis of accounting for the period ended October 17, 2023 and year ended December 31, 2022 from the going concern basis to a liquidation basis.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit.

Other Matter

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2022 (referred to as the “supplemental schedule”), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule.

Ernst + Young LLP

August 1, 2024

UC Health 403(b) Retirement Savings Plan

Statements of Net Assets Available for Benefits

	October 17, 2023	December 31, 2022	December 31, 2021
	(In Liquidation)	(In Liquidation)	(Ongoing)
Assets			
Investments:			
Participant-directed investments:			
Mutual funds at fair value	\$ —	\$ 29,133,547	\$ 38,871,291
Fully benefit-responsive investment contracts at contract value	—	4,022,342	4,131,479
Total investments	—	33,155,889	43,002,770
Receivables:			
Participant contributions	—	—	15,413
Notes receivable from participants	—	74,453	139,476
Total receivables	—	74,453	154,889
Net assets available for benefits	<u>\$ —</u>	<u>\$ 33,230,342</u>	<u>\$ 43,157,659</u>

See notes to financial statements.

UC Health 403(b) Retirement Savings Plan

Statements of Changes in Net Assets Available for Benefits

	Period Ended October 17, 2023 (In Liquidation)	Year Ended December 31, 2022 (In Liquidation)
Additions:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 1,888,520	\$ (7,415,497)
Interest income from investments at contract value	24,505	77,172
Interest and dividend income	31,221	838,673
Net investment income (loss)	1,944,246	(6,499,652)
Interest income on notes receivable from participants	955	4,842
Total additions	1,945,201	(6,494,810)
Deductions:		
Benefits paid to participants	35,163,501	3,415,272
Administrative expenses	12,042	17,235
Total deductions	35,175,543	3,432,507
Decrease in net assets	(33,230,342)	(9,927,317)
Net assets available for benefits:		
Beginning	33,230,342	43,157,659
Ending	\$ —	\$ 33,230,342

See notes to financial statements.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements

October 17, 2023 and December 31, 2022 (In Liquidation)

1. Description of the Plan

The following description of the UC Health 403(b) Retirement Savings Plan (the Plan) was provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

Plan Termination

On December 14, 2022, the Board of Directors of UC Health, LLC approved the termination of the Plan and the Plan was amended to terminate effective February 28, 2023. Following the termination of the Plan, participant accounts were distributed in lump-sum payments in cash, subject to the participant's rollover right. If a participant did not elect to have a distribution paid directly to an eligible retirement plan specified by the participant in a direct rollover or to receive the distribution directly, the Plan Administrator directed that the distribution be made in cash for balances under \$1,000 or as a direct rollover to an individual retirement account through Empower Retirement if the balance was greater than \$1,000. Plan assets were distributed by October 17, 2023.

In addition, as a result of the plan termination, the financial statements for the period ended October 17, 2023, and the year ended December 31, 2022, have been prepared in accordance with the liquidation basis of accounting. There were no significant incremental costs to be incurred or investment income to be earned as a result of the liquidation. The liquidation basis of accounting had no material impact to the net assets available for benefits as of October 17, 2023, or December 31, 2022, or the results of plan operations for the period ended October 17, 2023 or the year ended December 31, 2022.

General

The Plan was a tax-deferred annuity plan governed by the provisions of Section 403(b) of the Internal Revenue Code (IRC) and covered substantially all salaried and hourly employees of UC Health, LLC (the Company). UC Health, LLC was the plan sponsor. The Plan also covered substantially all employees of University of Cincinnati Medical Center, LLC; Daniel Drake Center for Post-Acute Care, LLC; West Chester Hospital, LLC; and University of Cincinnati Physicians Company, LLC. The Company controlled and managed the operation and administration of the Plan. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Contributions

Effective January 1, 2022, an amendment to the Plan stated that no employee shall become an eligible employee of the Plan, and no participant shall make an elective deferred contribution to the Plan.

Participant Accounts

Individual accounts were maintained for each plan participant. Each participant's account was credited with the participant's contributions and allocations of investment results and was charged with withdrawals and allocations of plan expenses. Allocations were based on participant earnings or account balances, as defined. The benefit to which a participant was entitled was the benefit that could have been provided from the participant's account.

Investments

Participants directed the investment of their contributions into various investment options offered by the Plan. The Plan offered various mutual funds and investment contracts as investment options for participants.

Vesting

Participants were always fully vested in their accounts. As a result, there were no forfeited accounts.

Notes Receivable From Participants

Through December 31, 2021, participants were able to borrow from their fund accounts up to a maximum of \$50,000 and a minimum of \$1,000. The maximum loan was reduced by the participant's highest outstanding loan balance or 50% of their account balance with a lower limit of \$10,000, reduced by all of the participant's outstanding loan balances, whichever was less. The loans were secured by the balance in the participant's account. The interest rate was based on the rates available for similar loans from commercial lending institutions, which were reviewed periodically by the Plan Administrator. Principal and interest were paid ratably through payroll deductions and direct payments with the custodian. Interest rates ranged from 4.25% to 6.50% as of December 31, 2022 and 2021. There were no outstanding loans as of the Plan's termination date.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Payment of Benefits

On termination of service due to death, permanent disability, retirement, or any other reason, a participant, or their beneficiary, was entitled to receive, in a lump-sum cash distribution, an amount equal to the value of the participant's account.

Participants were also eligible to take in-service distributions from their account during employment if older than 65 or for a hardship withdrawal in the event of certain financial hardship.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the liquidation basis of accounting for the period ended October 17, 2023, and the year ended December 31, 2022, as described in Note 1. The accompanying financial statements for the year ended December 31, 2021, have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) required plan management to make estimates and assumptions that affected the reported amounts in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilized various investment instruments, including mutual funds and investment contracts. Investment securities, in general, were exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it was reasonably possible that changes in the values of investment securities could have occurred in the near term and that such changes could have materially affected the value of the participants' account balances and the amounts reported in the financial statements.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

The Plan's investments in mutual funds were stated at fair value and the Plan's fully benefit-responsive investment contracts were reported at contract value. Fair value of a financial instrument was the price that would have been received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 7 for discussion on fair value measurements.

The Plan's investment contracts with insurance companies were fully benefit responsive and, therefore, were required to be reported at contract value. Contract value was the relevant measure for fully benefit-responsive investment contracts. Contract value was the amount plan participants would have received if they were to initiate permitted transactions under the terms of the Plan. The contract value represents contributions plus earnings, less participant withdrawals and administrative expenses.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation (depreciation) included capital gain distributions, as well as the Plan's gains and losses on investments bought and sold, as well as held, during the year.

Notes Receivable From Participants

Notes receivable from participants were measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans were recorded as distributions, based on terms of the Plan Document.

Administrative Expenses

Administrative expenses of the Plan were paid by the Plan or the plan sponsor as provided in the Plan Document. Management fees and operating expenses charged to the Plan for investments in the mutual funds and investment contracts were deducted from income earned on a daily basis and were not separately reflected.

Payment of Benefits

Benefit payments to participants were recorded upon distribution.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

3. Related-Party and Party-in-Interest Transactions

Certain plan investments were shares of mutual funds and investment contracts managed by the custodians as defined in Note 5. Therefore, these transactions qualified as party-in-interest transactions; however, they were exempt from the prohibited transactions rules under ERISA.

4. Tax Status

The underlying preapproved plan has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2017, stating that the written form of the underlying preapproved document was qualified under Section 403(b) of the IRC. Any employer adopting this form of the plan would be considered to have a plan qualified under Section 403(b) of the IRC and, therefore, the related custodial accounts were tax-exempt. Once qualified, the Plan was required to operate in conformity with the IRC to maintain its qualified status. The Plan Administrator believed the Plan was being operated in compliance with the applicable requirements of the IRC and, therefore, believed the Plan was qualified and the related custodial accounts were tax-exempt.

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

5. Information Certified by the Custodians

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at October 17, 2023, December 31, 2022, and December 31, 2021, and net appreciation (depreciation) in fair value of investments, interest income from investments at contract value, interest and dividend income, and interest income on notes receivable from participants for the period ended October 17, 2023, and year ended December 31, 2022, was obtained or derived from information provided to the Plan Administrator and certified

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

5. Information Certified by the Custodians (continued)

as complete and accurate by Prudential Bank & Trust, FSB as of March 31, 2023, December 31, 2022, and December 31, 2021, and for the period January 1, 2023 to March 31, 2023 and the year ended December 31, 2022, Empower Trust Company, LLC as of October 17, 2023 and for the period April 1, 2023 to October 17, 2023 and Empower Annuity Insurance Company (renamed from Prudential Retirement Insurance and Annuity Company effective October 3, 2022) as of October 17, 2023, December 31, 2022, and December 31, 2021, and for the period January 1, 2023 to October 17, 2023 and the year ended December 31, 2022, the custodians of the Plan.

6. Investment Contracts With Insurance Companies

The Plan held fully benefit-responsive guaranteed investment contracts (traditional investment contracts) with Hartford Life Insurance Company, for which Empower Retirement was the custodian. Hartford Life Insurance Company maintained a general account, which was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses.

Participants might have ordinarily directed the withdrawal or transfer of all or a portion of their investment at contract value.

Hartford Life Insurance Company was contractually obligated to pay the principal and specified interest rate that was guaranteed to the Plan. The crediting interest rate was based on a formula agreed upon with Hartford Life Insurance Company but might not have been less than 0%. Such interest rates were reviewed on a quarterly basis for resetting. The crediting rate of the contract tracked current market yields on a trailing basis.

Additionally, the Plan invested in the Prudential Guaranteed Income Fund, a fully benefit-responsive group annuity contract issued by Prudential Retirement Insurance and Annuity Company (a traditional investment contract). The issuer was contractually obligated to repay the principal and interest at a specified interest rate that was guaranteed to the Plan. The issuer maintained the contributions in a general account. The account was credited with participant contributions plus earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed interest rate was announced in advance and was guaranteed for a six-month period. The interest rate for the contract was 1.70% for January 1, 2022 – June 30, 2022, and 1.75% for July 1, 2022 – December 31, 2022. The interest rate for the contract was 1.95% for January 1, 2023 – June 30, 2023, and 2.25% for July 1, 2023 – October 17, 2023.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

6. Investment Contracts With Insurance Companies (continued)

Generally, there were no events that could limit the ability of the Plan to transact at contract value with the contract issuers or participants. There were no events that allowed the contract issuers to terminate the contracts and that required the Plan to settle at an amount different from contract value.

7. Fair Value Measurements

The fair value framework established a fair value hierarchy that prioritized the inputs to valuation techniques used to measure fair value. The fair value hierarchy gave the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

Level 1 – Inputs utilized quoted market prices from active markets for identical assets or liabilities that the Plan had the ability to access.

Level 2 – Inputs might have included quoted prices for similar assets and liabilities in active markets, as well as inputs that were observable for the asset and liability (other than quoted prices), such as interest rates, foreign exchange rates, and yield curves that were observable at commonly quoted intervals.

Level 3 – Inputs were unobservable for the asset or liability, which was typically based on an entity's own assumptions, as there was little, if any, related market activity.

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

Valuation technologies maximized the use of relevant observable inputs and minimized the use of unobservable inputs. The following was a description of the valuation techniques and inputs used for assets measured at fair value.

UC Health 403(b) Retirement Savings Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

Mutual Funds

Mutual funds were valued at the daily closing price as reported by the fund. Mutual funds held by the Plan were open-ended mutual funds that were registered with the Securities and Exchange Commission. These funds were required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan were deemed to be actively traded.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at October 17, 2023, December 31, 2022, and December 31, 2021:

		2023 (In Liquidation)			
		Level 1	Level 2	Level 3	Total
Investments measured at fair value:					
Mutual funds		\$ –	\$ –	\$ –	\$ –
		2022 (In Liquidation)			
		Level 1	Level 2	Level 3	Total
Investments measured at fair value:					
Mutual funds		\$ 29,133,547	\$ –	\$ –	\$ 29,133,547
		2021 (Ongoing)			
		Level 1	Level 2	Level 3	Total
Investments measured at fair value:					
Mutual funds		\$ 38,871,291	\$ –	\$ –	\$ 38,871,291

8. Subsequent Events

Subsequent events were evaluated through August 1, 2024, the date the accompanying financial statements were available to be issued.

Supplemental Schedule

UC Health 403(b) Retirement Savings Plan

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

EIN #31-1435820 Plan #008

December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value on Loans	(e) Current Value
Investment contracts:			
*	Prudential Guaranteed Income Fund	Investment with insurance company	\$ 3,672,102
*	Hartford Life Insurance Company Guaranteed Investment Contract	Investment with insurance company	350,240
			<u>4,022,342</u>
Mutual funds:			
	John Hancock Funds Disciplined Value Fund Class R6		345,815
*	Prudential Day One 2015 Fund Class R6		367,688
*	Prudential Day One 2020 Fund Class R6		2,156,505
*	Prudential Day One 2025 Fund Class R6		3,482,165
*	Prudential Day One 2030 Fund Class R6		4,552,625
*	Prudential Day One 2035 Fund Class R6		1,387,464
*	Prudential Day One 2040 Fund Class R6		3,049,674
*	Prudential Day One 2045 Fund Class R6		1,080,618
*	Prudential Day One 2050 Fund Class R6		1,178,436
*	Prudential Day One 2055 Fund Class R6		181,511
*	Prudential Day One 2060 Fund Class R6		10,705
*	Prudential Day One 2065 Fund Class R6		1,579
*	Prudential Day One Income Fund Class R6		85,539
	The Hartford International Opportunities Fund Class R6		439,146
	Principal Equity Income Fund Institutional Class		772,551
	PGIM Jennison Global Equity Income Fund		2,112,340
	American Funds New Perspective Fund Class R-6		1,041,740
	Principal Small Cap Growth Fund I Class R-6		338,259
	PGIM High Yield Fund Class R6		253,020
	BNY Mellon Small Cap Value Fund Class I		184,557
	Fidelity Inflation-Protected Bond Index Fund		111,111
	Fidelity 500 Index Fund		3,256,882
	Fidelity Mid Cap Index Fund		826,748
	Fidelity Small Cap Index Fund		702,774
	JPMorgan Core Plus Bond Fund Class R6		842,439
	Artisan Mid Cap Fund		370,653
	Hartford Ultrashort Bond Fund		604
	LN AP FUND		399
			<u>29,133,547</u>
*	Participant loans (maturing through August 2026 at interest rates of 4.25% to 6.50%)		74,453
			<u>\$ 33,230,342</u>
*	Represents a party in interest		

Column (d) (Cost) has been omitted as it is not required for participant-directed investments under ERISA.

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