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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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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 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                                            |
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| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN                                                                                                                                                                                                                                                                                   |
| 1b      | Three-digit plan number (PN) ▶ 333                                                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>04/01/1970                                                                                                                                                                                                                                                                                                                       |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>UNIVERSITY HOSPITALS HEALTH SYSTEM<br><br>3605 WARRENSVILLE CENTER ROAD<br>SHAKER HEIGHTS, OH 44122 |
| 2b      | Employer Identification Number (EIN)<br>34-0714775                                                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>216-844-1000                                                                                                                                                                                                                                                                                                            |
| 2d      | Business code (see instructions)<br>622000                                                                                                                                                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                        |                                                   |            |                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.                                                                                                                                                                                                    |                                                   |            |                                                              |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. |                                                   |            |                                                              |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              | Filed with authorized/valid electronic signature. | 10/15/2024 | THOMAS SNOWBERGER                                            |
|                                                                                                                                                                                                                                                                                                                                        | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              |                                                   |            |                                                              |
|                                                                                                                                                                                                                                                                                                                                        | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE                                                                                                                                                                                                                                                                                                                              |                                                   |            |                                                              |
|                                                                                                                                                                                                                                                                                                                                        | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                              |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 34924                                                                                                                                                                                                                                                |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 23194<br><b>6a(2)</b> 23558<br><b>6b</b> 574<br><b>6c</b> 12079<br><b>6d</b> 36211<br><b>6e</b> 97<br><b>6f</b> 36308<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 593 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                                                                                                                      |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1C 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
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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 0
- (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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                         |                                                                                                                                                  |
| ▶ Round off amounts to nearest dollar.                                                                                             |                                                                                                                                                  |
| ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                  |
| A Name of plan<br>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN                                                         | B Three-digit plan number (PN) ▶ 333                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>UNIVERSITY HOSPITALS HEALTH SYSTEM                            | D Employer Identification Number (EIN)<br>34-0714775                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 856834007                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 942517407                 |                          |
| 3      | Funding target/participant count breakdown                                                                                                                                                       | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| a      | For retired participants and beneficiaries receiving payment                                                                                                                                     | 185                        | 17670951                  | 17670951                 |
| b      | For terminated vested participants                                                                                                                                                               | 11545                      | 267487639                 | 267487639                |
| c      | For active participants                                                                                                                                                                          | 23212                      | 588881349                 | 601709093                |
| d      | Total                                                                                                                                                                                            | 34942                      | 874039939                 | 886867683                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions                                                                                                                                       | 4a                         |                           |                          |
| b      | Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b                         |                           |                          |
| 5      | Effective interest rate                                                                                                                                                                          | 5                          | 5.28 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 55228760                  |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 11400000                  |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 66628760                  |                          |

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

|                          |                                                                                                                                                                                                                                                          |                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>JASON M. BRAVO</div> <div>Type or print name of actuary</div> <div>AON CONSULTING, INC.</div> <div>Firm name</div> <div>MSC# 17854 P.O. BOX 7505<br/>FORT WASHINGTON, PA 19034</div> <div>Address of the firm</div> | <div>09/25/2024</div> <div>Date</div> <div>23-05569</div> <div>Most recent enrollment number</div> <div>216-430-4732</div> <div>Telephone number (including area code)</div> |
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| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                          |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 179433474              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 66208134               |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 113225340              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-13.75</u> % .....                                                                               | 0                     | -15568484              |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 97656856               |

| Part III Funding Percentages                                                                                                                                               |           |        |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|---|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 95.26  | % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 106.27 | % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 99.87  | % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> |        | % |

| Part IV Contributions and Liquidity Shortfalls                                           |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 07/12/2024                                                                               | 5700000                           | 0                               |                          |                                   |                                 |
| 09/12/2024                                                                               | 17800000                          | 0                               |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 23500000                          | <b>18(c)</b> 0                  |

|                                                                                                                                      |                                                                     |           |
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| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |           |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                 | <b>19a</b>                                                          | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b>                                                          | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b>                                                          | 21581137  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |           |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |           |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |           |
| Liquidity shortfall as of end of quarter of this plan year                                                                           |                                                                     |           |
| (1) 1st                                                                                                                              | (2) 2nd                                                             | (3) 3rd   |
| 0                                                                                                                                    | 0                                                                   | 0         |
|                                                                                                                                      |                                                                     | (4) 4th 0 |

|               |                                                                            |
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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                 |                                                     |                                                           |                                     |
|-------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| <b>21</b> Discount rate:                        |                                                     |                                                           |                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                              | 2nd segment:<br>5.00 %                                    | 3rd segment:<br>5.74 %              |
|                                                 | <input type="checkbox"/> N/A, full yield curve used |                                                           |                                     |
| <b>b</b> Applicable month (enter code).....     | <b>21b</b>                                          | 4                                                         |                                     |
| <b>22</b> Weighted average retirement age ..... | <b>22</b>                                           | 63                                                        |                                     |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined      | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |

|                |                            |
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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
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|                                                                                                                                                                        |                                         |                                        |
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| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                         |                                        |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                    | <b>27</b>                               |                                        |

|                 |                                                                                |
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| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
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|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 66628760           |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 42007132            | 4421560            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 71050320           |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               | 0                   | 61828841           | 61828841      |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 9221479            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 21581137           |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 12359658           |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 12359658           |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                     |                                                             |     |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023          |                                                             |     |
| <b>A</b> Name of plan<br>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN                   | <b>B</b> Three-digit plan number (PN) ▶                     | 333 |
|                                                                                                     |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>UNIVERSITY HOSPITALS HEALTH SYSTEM | <b>D</b> Employer Identification Number (EIN)<br>34-0714775 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                               |
| ARTISAN                                                                                                           | 430 W. 7TH STREET, SUITE 219322<br>KANSAS CITY, MO 64105-1407 |

|                                                                                                                   |                                              |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                              |
| BLACKROCK                                                                                                         | 400 HOWARD STREET<br>SAN FRANCISCO, CA 94105 |

|                                                                                                                   |                                                             |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                             |
| D.E. SHAW INVESTMENT MANAGEMENT                                                                                   | 1166 AVENUE OF THE AMERICAS FL 9<br>NEW YORK, NY 10036-2750 |

|                                                                                                                   |                                                    |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |                                                    |
| HARDMAN JOHNSTON                                                                                                  | 300 ATLANTIC ST<br>SUITE 601<br>STAMFORD, CT 06901 |

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

JOHCM INTERNATIONAL

P.O BOX 4766  
CHICAGO, IL 60680-4766

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

LGIMA

LGIM AMERICA 71 SOUTH WACKER DRIVE  
SUITE 800  
CHICAGO, IL 60606

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

PIMCO

33-0629048

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

VANGUARD

PO BOX 982902  
EL PASO, TX 79998-2902

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

WCM INVESTMENT MANAGEMENT, LLC

281 BROOKS STREET  
LAGUNA BEACH, CA 92651

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

WELLS CAPITAL MANAGEMENT

525 MARKET STREET  
10TH FLOOR  
SAN FRANCISCO, CA 94105

**(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)

AON CONSULTING INC

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 50 65            | NONE                                                                                              | 1556568                                                                | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WELLINGTON MANAGEMENT

280 CONGRESS STREET  
BOSTON, MA 02210

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 50               | NONE                                                                                              | 868891                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CAMBRIDGE ASSOCIATES

125 HIGH STREET  
OLIVER STREET TOWER  
BOSTON, MA 02110

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 17 50 70            | NONE                                                                                              | 445200                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

BLUE OWL GP STAKES IV OFFSHR INV LP

399 PARK AVENUE, 37TH FLOOR,  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 50               | NONE                                                                                              | 323022                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET CUSTODY RET PLAN

PO BOX 75199  
CHICAGO, IL 60675-5199

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 19 50 65            | NONE                                                                                              | 229941                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JMI EQUITY FUND XI B LP

100 INTERNATIONAL DRIVE, SUITE 1910  
BALTIMORE, MD 21202

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 184800                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

THE CARLYLE GROUP

600 TRAVIS ST  
HOUSTON, TX 77002

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 170095                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PINEBRIDGE CO

2727 ALLEN PKWY  
HOUSTON, TX 77019

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 164201                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BLACKSTONE INC.

345 PARK AVENUE  
NEW YORK, NY 10154

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 91978                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

AACP TAX EXEMPT INV ERISA

ONE EMBARCADERO CENTER  
16TH FLOOR  
SAN FRANCISCO, CA 94111

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 91866                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HIG ADVANTAGE BUYOUT FUND LP

36-4867059

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 89017                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LOOMIS

2500 CITYWEST BLVD  
HOUSTON, TX 77042

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 50               | NONE                                                                                              | 79274                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

SEYFARTH SHAW LLC

233 S WACKER DR. 8000  
CHICAGO, IL 60601

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | NONE                                                                                                     | 68199                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ORIGAMI CAPITAL PARTNERS

191 N UPPER WACKER DR, STE 2350  
CHICAGO, IL 60606

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | NONE                                                                                                     | 65414                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

KPMG LLP

13-5565207

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 63000                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

MVM VI LP

OLD CITY HALL  
45 SCHOOL STREET  
BOSTON, MA 02108

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | NONE                                                                                                     | 49769                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

LEGAL AND GENERAL INVESTMENT

20-8058531

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | NONE                                                                                                     | 49381                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

ASIA ALTERNATIVES DELAWARE

ONE EMBARCADERO CENTER, 16TH FLOOR  
SAN FRANCISCO, CA 94111

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28 50                         | NONE                                                                                                     | 43621                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

VERSANT VENTURES

ONE SANSOME STREET, SUITE 1650  
SAN FRANCISCO, CA 94104

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 43242                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET BANK AND TRUST CO.

ONE STATE STREET PLAZA  
NEW YORK, NY 10004

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 41896                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

HEADLINE

101 MONTGOMERY STREET  
SUITE 200  
SAN FRANCISCO, CA 94129

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 36179                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PPC III LP

110 N. WACKER DRIVE SUITE 4400  
CHICAGO, IL 60606

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 34978                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FPA CORE PLUS FUND III LP

082 MICHELSON DR., 4TH FLOOR  
IRVINE, CA 92612

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 28 50               | NONE                                                                                              | 30852                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

APOLLO MANAGEMENT

9 WEST 57TH STREET  
NEW YORK, NY 10019

80-0877171

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 28661                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

ALMANAC REALTY INVESTORS, LLC

1140 6TH AVE  
NEW YORK, NJ 10036

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 27624                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

H2 SPECIAL OPPORTUNITIES

C/O H/2 MANAGER IV, L.P.  
680 WASHINGTON BOULEVARD, 7TH FLOOR  
STAMFORD, CT 06901

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 25787                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GLOUSTON CAPITAL PARTNERS

7384 CARRIAGE COURT  
GLOUCESTER, VA 23061

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 22419                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

AG REALTY VALUE FUND X

245 PARK AVENUE, 26TH FLOOR  
NEW YORK, NY 10167

82-4343654

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 21066                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ELLIOT

1 ELLIOT WAY  
MANCHESTER, NH 03103

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 99                  | NONE                                                                                              | 19625                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TELEGRAPH HILL PARTNERS

300 MONTGOMERY ST.  
SAN FRANCISCO, CA 94104

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 99                  | NONE                                                                                              | 19200                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PRIMUS CAPITAL

8601 CHAGRIN BLVD, SUITE 525  
WOODMER, OH 44122

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 16209                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TORCHLIGHT INVESTORS, LLC

230 PARK AVENUE  
NEW YORK, NY 10169

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 9171                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GREENSPRING ASSOCIATES

100 PAINTERS MILL ROAD  
SUITE 700  
OWINGS MILLS, MD 21117

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 50                  | NONE                                                                                              | 4977                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2023</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                                   |                                                                            |            |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u>                          | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>333</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>UNIVERSITY HOSPITALS HEALTH SYSTEM</u> | <b>D</b> Employer Identification Number (EIN)<br><u>34-0714775</u>         |            |

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

|                                                                                                                   |                               |                                                                                                                                                        |  |  |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF SMALL CAP 2000</u>                                      |                               |                                                                                                                                                        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>                                 |                               |                                                                                                                                                        |  |  |
| <b>c</b> EIN-PN <u>04-2755549-057</u>                                                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>11068473</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS CAP CEF RET PLAN</u>                                      |                               |                                                                                                                                                        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS CAPITAL MANAGEMENT</u>                                 |                               |                                                                                                                                                        |  |  |
| <b>c</b> EIN-PN <u>34-0714775-000</u>                                                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>10383693</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS HI YLD FULL DISC NHIT A</u>                              |                               |                                                                                                                                                        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES TRUST COMPANY, LLC</u>                         |                               |                                                                                                                                                        |  |  |
| <b>c</b> EIN-PN <u>20-8080381-022</u>                                                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>22589318</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LGIMA LONG DURATION US CREDIT FUND</u>                          |                               |                                                                                                                                                        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>LEGAL AND GENERAL INV MAN AMERICA</u>                        |                               |                                                                                                                                                        |  |  |
| <b>c</b> EIN-PN <u>52-1236150-000</u>                                                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>37365448</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>WCM FOCUSED INTERNATIONAL GROWTH FD</u>                         |                               |                                                                                                                                                        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>                                   |                               |                                                                                                                                                        |  |  |
| <b>c</b> EIN-PN <u>34-0714775-000</u>                                                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>10809461</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US DEBT FUND</u>                                      |                               |                                                                                                                                                        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u> |                               |                                                                                                                                                        |  |  |
| <b>c</b> EIN-PN <u>45-3549442-333</u>                                                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>11994024</u></span> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>D.E. SHAW INVEST MANAGEMENT 130/30</u>                          |                               |                                                                                                                                                        |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u> |                               |                                                                                                                                                        |  |  |
| <b>c</b> EIN-PN <u>45-3549442-333</u>                                                                             | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>47248718</u></span> |  |  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON GLOBAL RESEARCH EQUITY

**b** Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-3549442-333 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CHINA SELECT FUND

**b** Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-3549442-333 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8429820 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: HENRY JAMES INTERNATIONAL EQUITY FD

**b** Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-3549442-333 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9468514 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BNYM-M DB SL BROAD MKT SIF

**b** Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 34-0714775-333 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83251149 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BNYM-M DB SL EM SIF

**b** Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 34-0714775-333 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30168485 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CIF II GLOBAL

**b** Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 34-0714775-333 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 58377350 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

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

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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

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

|                                                                                                            |                                         |            |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>   |                                         |            |
| <b>A</b> Name of plan<br><b>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</b>                   | <b>B</b> Three-digit plan number (PN) ▶ | <b>333</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>UNIVERSITY HOSPITALS HEALTH SYSTEM</b> |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><b>34-0714775</b>                                         |                                         |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                              |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------|------------------------|
| <b>1</b> Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                              |                        |
| <b>Assets</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>(a) Beginning of Year</b> | <b>(b) End of Year</b> |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     |                              |                        |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                              |                        |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | <b>0</b>                     | <b>23500000</b>        |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>                  |                              |                        |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | <b>15029064</b>              | <b>257971</b>          |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | <b>44828230</b>              | <b>8458859</b>         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | <b>91854</b>                 | <b>0</b>               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                              |                        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                              |                        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                              |                        |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                              |                        |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                              |                        |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | <b>369953579</b>             | <b>364093248</b>       |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                              |                        |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                              |                        |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                              |                        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | <b>198416958</b>             | <b>341154453</b>       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                              |                        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                              |                        |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                              |                        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | <b>228514323</b>             | <b>153328099</b>       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(14)</b>                 |                              |                        |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                 |                              |                        |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 856834008             | 890792630       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 78105                 | 253068          |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 78105                 | 253068          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 856755903             | 890539562       |

**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.

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 23500000   |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 23500000  |
| <b>b</b> Earnings on investments:                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 10624313   |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 10624313  |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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) |            | 70226429  |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 104350742 |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 48309143 |          |
| (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)  |          | 48309143 |
| f Corrective distributions (see instructions) .....                                  | 2f     |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          |          |
| h Interest expense .....                                                             | 2h     |          |          |
| i Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  | 852326   |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  |          |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  |          |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  | 1673095  |          |
| (6) Bank or trust company trustee/custodial fees .....                               | 2i(6)  | 269336   |          |
| (7) Actuarial fees .....                                                             | 2i(7)  | 327483   |          |
| (8) Legal fees .....                                                                 | 2i(8)  |          |          |
| (9) Valuation/appraisal fees .....                                                   | 2i(9)  |          |          |
| (10) Other trustee fees and expenses .....                                           | 2i(10) |          |          |
| (11) Other expenses .....                                                            | 2i(11) | 19135700 |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 22257940 |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 70567083 |

**Net Income and Reconciliation**

|                                                          |       |  |          |
|----------------------------------------------------------|-------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 33783659 |
| 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: **KPMG, LLP**

(2) EIN: **13-5565207**

**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   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> 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.) .....                 |                                     | <input checked="" type="checkbox"/> |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |          |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 519948.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                          |                                                                  |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</div>                   | <div>B Three-digit plan number (PN) ▶<br/>333</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>UNIVERSITY HOSPITALS HEALTH SYSTEM</div> | <div>D Employer Identification Number (EIN)<br/>34-0714775</div> |

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

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

|                                                                                                                                                                                                                                                                                                                                               |              |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------|
| <div>1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....</div>                                                                                                                                                                                                     | <div>1</div> | <div>0</div>   |
| <div>2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br/><br/>EIN(s): 25-1904625</div> <div>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</div> |              |                |
| <div>3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....</div>                                                                                                                                                                                                          | <div>3</div> | <div>727</div> |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.) |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| <div>4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....</div> <div>If the plan is a defined benefit plan, go to line 8.</div>                                                                                                                                                                         | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</div> |
| <div>5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____<br/>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</div> |                                                                                                             |
| <div>6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....</div>                                                                                                                                                                                                               | <div>6a</div>                                                                                               |
| <div>b Enter the amount contributed by the employer to the plan for this plan year .....</div>                                                                                                                                                                                                                                                                   | <div>6b</div>                                                                                               |
| <div>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) .....</div>                                                                                                                                                                                                             | <div>6c</div>                                                                                               |
| <div>If you completed line 6c, skip lines 8 and 9.</div>                                                                                                                                                                                                                                                                                                         |                                                                                                             |
| <div>7 Will the minimum funding amount reported on line 6c be met by the funding deadline? .....</div>                                                                                                                                                                                                                                                           | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</div>            |
| <div>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? .....</div>                                                                                  | <div><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</div> |

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

|                                                                                                                                                                                                                                 |                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>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. ....</div> | <div><input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

|         |                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 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. |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                  |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <div>10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....</div>                                                      | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>11 a Does the ESOP hold any preferred stock? .....</div>                                                                                                                                    | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>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.) .....</div> | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |
| <div>12 Does the ESOP hold any stock that is not readily tradable on an established securities market? .....</div>                                                                               | <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |

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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>15a</b>                                                                             |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>15b</b>                                                                             |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>16a</b>                                                                             |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>16b</b>                                                                             |  |
| <b>17</b> If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                             |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: <u>28.5</u> % Private Equity: <u>12.5</u> % Investment-Grade Debt and Interest Rate Hedging Assets: <u>18.5</u> %<br>High-Yield Debt: <u>4.2</u> % Real Assets: _____ % Cash or Cash Equivalents: <u>3.9</u> % Other: <u>32.4</u> %                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input checked="" type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>b</b> If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.<br><input type="checkbox"/> No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                              |  |
| <b>21b</b> 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).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input checked="" type="checkbox"/> N/A |  |
| <b>22</b> 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 ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.                                                                                                                                                                                                                                                                        |  |



**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

Financial Statements and Supplemental Schedules

December 31, 2023 and 2022

(With Independent Auditors' Report Thereon)

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

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| <b>Supplemental Schedules</b>                                                                                                                                                                                             |             |
| 1 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2023                                                                                                                                      | 17          |
| 2 Schedule H, Line 4j – Schedule of Reportable Transactions – Year ended December 31, 2023                                                                                                                                | 19          |
| Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because there is no information to report. |             |



KPMG LLP  
One Cleveland Center  
Suite 2600  
1375 East Ninth Street  
Cleveland, OH 44114-1796

## Independent Auditors' Report

To the Plan Participants and Plan Administrator  
University Hospitals Health System, Inc. Retirement Plan:

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

We have performed audits of the financial statements of University Hospitals Health System, Inc. Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 qualified institutions as of and for the years ended December 31, 2023 and 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion*

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with U.S. generally accepted accounting principles.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.



### *Responsibilities of Management for the Financial Statements*

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

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

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

### *Auditors' Responsibilities for the Audit of the Financial Statements*

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. generally accepted accounting principles.



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

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

*Supplemental Schedules Required by ERISA*

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2023 and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*KPMG LLP*

Cleveland, Ohio  
October 14, 2024

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

|                                   | <u>2023</u>           | <u>2022</u>        |
|-----------------------------------|-----------------------|--------------------|
| Assets:                           |                       |                    |
| Investments, at fair value:       |                       |                    |
| Cash and cash equivalents         | \$ 8,458,859          | 44,828,230         |
| Equity securities                 | —                     | 91,854             |
| Mutual and exchange-traded funds  | 153,328,099           | 228,514,323        |
| Common/collective trusts          | 341,154,453           | 198,416,958        |
| Alternative investments           | 364,093,248           | 369,953,579        |
| Total investments at fair value   | <u>867,034,659</u>    | <u>841,804,944</u> |
| Receivables:                      |                       |                    |
| Contribution receivable           | 6,000,000             | —                  |
| Accrued interest and dividends    | 257,971               | 180,835            |
| Investment receivable             | —                     | 14,848,229         |
| Total receivables                 | <u>6,257,971</u>      | <u>15,029,064</u>  |
| Total assets                      | <u>873,292,630</u>    | <u>856,834,008</u> |
| Liabilities:                      |                       |                    |
| Accrued payables                  | 253,068               | 78,105             |
| Total liabilities                 | <u>253,068</u>        | <u>78,105</u>      |
| Net assets available for benefits | <u>\$ 873,039,562</u> | <u>856,755,903</u> |

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2023 and 2022

|                                                              | <u><b>2023</b></u>    | <u><b>2022</b></u>   |
|--------------------------------------------------------------|-----------------------|----------------------|
| Investment income (loss):                                    |                       |                      |
| Interest and dividends                                       | \$ 10,624,313         | 16,984,186           |
| Net appreciation (depreciation) in fair value of investments | <u>70,226,429</u>     | <u>(191,357,433)</u> |
| Total investment income (loss)                               | 80,850,742            | (174,373,247)        |
| Investment expenses                                          | <u>1,673,095</u>      | <u>876,945</u>       |
| Net investment income (loss)                                 | <u>79,177,647</u>     | <u>(175,250,192)</u> |
| Contributions:                                               |                       |                      |
| Employer contributions                                       | <u>6,000,000</u>      | <u>100,000,000</u>   |
| Total contributions                                          | <u>6,000,000</u>      | <u>100,000,000</u>   |
| Deductions from net assets attributed to:                    |                       |                      |
| Benefits paid                                                | 48,309,143            | 87,523,491           |
| Purchase of group annuity contract                           | —                     | 242,745,000          |
| Administrative expenses                                      | <u>20,584,845</u>     | <u>10,388,376</u>    |
| Total deductions                                             | <u>68,893,988</u>     | <u>340,656,867</u>   |
| Net increase (decrease) in net assets available for benefits | 16,283,659            | (415,907,059)        |
| Net assets available for benefits:                           |                       |                      |
| Beginning of year                                            | <u>856,755,903</u>    | <u>1,272,662,962</u> |
| End of year                                                  | <u>\$ 873,039,562</u> | <u>856,755,903</u>   |

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

**(1) Description of the Plan**

The following brief description of the University Hospitals Health System, Inc. Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

**(a) General**

The Plan is a noncontributory defined benefit pension plan, covering essentially all employees of University Hospitals Health System, Inc. (the System or Plan Administrator) who are at least 21 years of age and who have completed one year of service with at least 1,000 hours. The Plan does not cover certain employees of Geneva Medical Center or certain members of religious organizations, students, interns, residents, and certain affiliates. The Plan, which is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), was amended and restated effective January 1, 2016 to maintain compliance with the requirements of ERISA.

Employees of the System hired on or after January 1, 2009 and who satisfied the eligibility requirements participated in the Plan under a cash balance formula. Under this formula, eligible participants received an employer contribution of 3.00% or 6.00%, depending on years of service, of their base salary as defined in the plan document. Contributions for eligible employees hired before January 1, 2009 remained unchanged under the existing final average pay formula.

Effective April 1, 2015, all benefits calculated under the final average pay formula and existing cash balance formula were frozen and the amount of future benefits earned is determined based on a new cash balance formula. Under this new formula, eligible participants receive an employer contribution between 3.00% and 6.00% of their base salary as defined in the plan document, depending on years of service and age.

In November 2022, the Plan purchased a group annuity contract from an insurance company and transferred \$242,745,000 of the Plan's outstanding pension benefit obligations related to certain retirees and beneficiaries. As a result of the transaction, the insurance company will be required to pay and administer the retirement benefits owed to these retirees and beneficiaries, with no change to their monthly retirement benefit payment amounts. As these contracts are fully allocated to individual participants, the Plan did not recognize the related assets as of December 31, 2022 on statement of net assets and removed the obligation in the statement of accumulated plan benefit as of December 31, 2022 (note 5). The insurance company assumed the outstanding pension benefit obligations that are reflected in the actuarial present value of accumulated plan benefits (note 5) as of December 31, 2022. The insurance company assumed the responsibility of administering the retirement benefit payments beginning on March 1, 2023. The insurance company was required to reimburse the Plan for the payments the Plan made on its behalf during January and February 2023. The reimbursement was reflected as a reduction of benefits paid.

**(b) Pension Benefits**

Employees with benefits under the frozen final average pay terms of the plan agreement are eligible for monthly normal retirement benefit payments upon reaching age 65, or may receive early retirement benefits at age 55, provided that five years of credited service have been obtained. The amount of a plan participant's benefit was based upon several factors, including compensation, years of service,

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

age, and the estimated Social Security benefit. The compensation formula used for the calculation of a participant's benefit payment was based upon compensation for the highest five consecutive calendar years during the previous ten years prior to the date of termination. The Plan also provided for the payment of early and disability retirement benefits as well as the payment of benefits to the surviving spouse of a participant. An unmarried participant may designate a beneficiary entitled to receive 50% of the participant's monthly retirement benefit, which is to be paid out in a lump sum.

Participants under the previous cash balance formula are eligible for monthly normal retirement benefit payments upon reaching age 65, or may receive early retirement benefits at age 55. The amount of a plan participant's benefit was based upon pay and interest credits. A participant's cash balance account was credited with pay credits equal to a percentage of the participant's compensation for that calendar year. The pay credit as a percentage of compensation for a calendar year was 3.00% for participants with less than 5 years of service and 3.50% for participants with five or more years of vesting service. Participant cash accounts increased with interest credits each calendar quarter at a rate equal to the average yield on 10-year Treasury Constant Maturities for the second month prior to the first month of the calendar quarter. Participants under the previous cash balance formula may elect to receive pension benefits in the form of an optional lump sum payment equal to their cash balance account at any time upon termination of employment. The Plan also provides for the payment of early and disability retirement benefits as well as the payment of benefits to the surviving spouse of a participant under the cash balance formula. An unmarried participant may designate a beneficiary entitled to receive 50% of the participant's monthly retirement benefit, which is to be paid out in a lump sum.

Participants under the new cash balance formula are eligible for monthly normal retirement benefit payments upon reaching age 65, or may receive early retirement benefits at age 55. The amount of a plan participant's benefit is based upon pay and interest credits. A participant who completes 1,000 hours of service will be credited with pay credits that are determined based on years of vesting service plus age. The pay credit as a percentage of compensation for a calendar year is between 3.00% and 6.00%. Participant accounts are increased with interest credits each calendar quarter at a rate equal to the average yield on 10-year Treasury Constant Maturities for the second month prior to the first month of the calendar quarter. Participants under the new cash balance formula may elect to receive pension benefits in the form of an optional lump sum payment equal to their cash balance account at any time upon termination of employment. The Plan also provides for the payment of early and disability retirement benefits as well as the payment of benefits to the surviving spouse of a participant under the cash balance formula. An unmarried participant may designate a beneficiary entitled to receive 50% of the participant's monthly retirement benefit, which is to be paid out in a lump sum.

Effective January 1, 2020, the Setting Every Community Up for Retirement Enhancement Act of 2019 increased the age limit for required minimum distributions from 70½ to 72.

**(c) Vesting**

Plan participants under the final average pay formula who have completed five or more years of credited service are entitled to a retirement benefit and plan participants under the old and new cash balance formula who have completed three or more years of credited service are entitled to a retirement benefit, which is payable at the age of 65.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

**(2) Summary of Significant Accounting Policies**

**(a) Basis of Accounting**

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**(b) Funding Policy**

It is the System's policy to make contributions to the Plan based upon actuarial computations which meet the greater of the minimum funding requirements of ERISA or 90% of the actuarial present value of accumulated plan benefits. The System met the minimum funding requirements of ERISA for 2023 and 2022, as determined by consulting actuaries.

**(c) Valuation of Investments and Income Recognition**

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for discussion of fair value measurements.

Net appreciation (depreciation) in the fair value of investments reported in the statements of changes in net assets available for benefits includes both realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade date basis. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis.

**(d) Actuarial Present Value of Accumulated Plan Benefits**

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

Generally, benefits for retired or terminated employees or their beneficiaries are based on the employee's number of years of credited service. The accumulated plan benefits for active employees are based on their number of years of credited service preceding the valuation date.

**(e) Use of Estimates**

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

**(f) Payment of Benefits**

Benefits are recorded when paid.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

**(g) Cash and Cash Equivalents**

The Plan considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. Cash and cash equivalents include money market funds with a weighted average term of less than 60 days at December 31, 2023 and 2022.

**(3) Information Certified by the Trustees**

The Plan is administered by the System. The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from State Street Global Services (State Street), the previous trustee of the Plan as of August 31, 2023 and December 31, 2022 and the period January 1, 2023 through August 31, 2023 and for the year ended December 31, 2022 and from The Bank of New York Mellon (Mellon), the new trustee of the Plan as of December 31, 2023 and the period September 1, 2023 through December 31, 2023 (collectively, trustees) that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements and supplemental schedules as to investments administered by the trustee, net investment income (loss), net appreciation (depreciation) in investments, schedule of assets (held at end of year), schedule of reportable transactions and information included in this note is presented in reliance solely upon those certifications with the exception of the leveling of investments.

**(4) Fair Value Measurements**

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The inputs used to fair value Level 1 instruments are unadjusted quoted prices derived from the exchanges and the Chicago Board of Trade. Level 1 instruments primarily consist of cash and cash equivalents, equities, exchange-traded funds and certain common/collective trusts comprising of bonds, notes and

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

U.S. government obligations. The Plan invests in a variety of equity securities and mutual funds to diversify the portfolio as part of the investment strategy.

Alternative investments, which include private equity, real estate, hedge funds, and distressed debt investments and certain common/collective trusts, are reported at fair value as estimated and reported by the fund managers and general partners, based upon the underlying net asset value (NAV) of the fund or partnership as a practical expedient.

Investments that are measured at NAV per share as a practical expedient are not categorized in the fair value hierarchy.

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

|                                  |                | Investments at fair value |         |         |             |
|----------------------------------|----------------|---------------------------|---------|---------|-------------|
|                                  | NAV (a)        | Level 1                   | Level 2 | Level 3 | Total       |
| December 31, 2023:               |                |                           |         |         |             |
| Assets:                          |                |                           |         |         |             |
| Cash and cash equivalents        | \$ —           | 8,458,859                 | —       | —       | 8,458,859   |
| Mutual and exchange-traded funds | —              | 153,328,099               | —       | —       | 153,328,099 |
| Common/collective trusts         | 183,682,963    | 157,471,490               | —       | —       | 341,154,453 |
| Alternative investments          | 364,093,248    | —                         | —       | —       | 364,093,248 |
| Total assets                     | \$ 547,776,211 | 319,258,448               | —       | —       | 867,034,659 |

|                                  |                | Investments at fair value |         |         |             |
|----------------------------------|----------------|---------------------------|---------|---------|-------------|
|                                  | NAV (a)        | Level 1                   | Level 2 | Level 3 | Total       |
| December 31, 2022:               |                |                           |         |         |             |
| Assets:                          |                |                           |         |         |             |
| Cash and cash equivalents        | \$ —           | 44,828,230                | —       | —       | 44,828,230  |
| Equity securities                | —              | 91,854                    | —       | —       | 91,854      |
| Mutual and exchange-traded funds | —              | 228,514,323               | —       | —       | 228,514,323 |
| Common/collective trusts         | 166,101,096    | 32,315,862                | —       | —       | 198,416,958 |
| Alternative investments          | 369,953,579    | —                         | —       | —       | 369,953,579 |
| Total assets                     | \$ 536,054,675 | 305,750,269               | —       | —       | 841,804,944 |

- (a) Certain investments are measured at net asset value per share as a practical expedient to estimate fair value and have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the table of fair values of investments and total net assets for the trustees.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

The Plan holds certain investments in cash and cash equivalents consisting of short-term money market instruments including commercial paper, asset-backed securities, treasury bonds and bills, and short-term corporate bonds.

The Plan holds certain alternative investments including hedge funds, real estate, and distressed debt. These investments are made through various Fund-of-Funds Limited Partnership structures, whereby the Plan is invested in a Limited Partnership which in turn utilizes its expertise to invest in underlying Limited Partnership Funds and make certain other investments. These investments are recorded at net asset value and are not readily marketable. Net asset value is based on the fair value of capital balances reported by the general partner or fund manager, subject to management review and adjustment as necessary.

The General Partner of each Fund-of-Funds Limited Partnership determines the fair market valuation of its underlying Limited Partnership investments. The fair value determination made by the general partner or fund manager is based primarily on the quarterly internal and annual audited financial statements of the underlying Limited Partnership Funds, which report net asset value based on (i) the nature and terms of each underlying investment, (ii) market inputs, and (iii) certain other relevant information.

The determination of fair market values for the alternative investments requires the General Partners, Fund Managers, and the plan management to make estimates and assumptions about certain inputs and other factors that are inherently uncertain. These estimates are subjective and require judgment regarding significant matters such as the amount and timing of future cash flows and the selection of discount rates that appropriately reflect market and credit risks.

Assets categorized as alternative investments may be subject to liquidity restrictions such as gates. These gates prevent short-term liquidation of assets. Hedge funds may be redeemed at quarter-end requiring advanced notice ranging from 45 to 65 days and prior written notice subject to certain limitations that may be imposed by the General Partner of the fund without notice. Private equity and private real estate funds generally have contractual terms of 10 years or greater from the time the commitment to the fund is made. While distributions of capital during this term typically occur, many of these funds have provisions that allow the General Partner to extend the final term and suspend distributions. Distressed debt funds are typically 1–5 years or 6–10 year term structures and although some of the funds offer liquidity, the fund documents allow the General Partner to suspend redemptions if they deem necessary. Resulting from these contractual limitations on liquidity, these alternative assets are generally considered illiquid. The table below classifies the market value at December 31, 2023 of the alternative investment portion of the Plan assets into categories based on the stated contractual liquidity terms of the underlying investments.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

Contractual liquidity terms of alternative investments at December 31, 2023 are as follows:

|                                                                 | <u>Net asset<br/>value</u> | <u>Unfunded<br/>commitments</u> |
|-----------------------------------------------------------------|----------------------------|---------------------------------|
| Less than 1 year, no contractual restrictions have been imposed | \$ 164,824,565             | 7,971,106                       |
| Limited partnership fund expiring in 1–5 years                  | 40,609,168                 | 8,650,574                       |
| Limited partnership fund expiring in 6–10 years                 | 111,873,124                | 11,460,606                      |
| Limited partnership fund expiring in 11–15 years                | 29,207,605                 | 45,164,374                      |
| Limited partnership fund expiring in 15+ years                  | 17,578,786                 | 50,398,668                      |
| Total alternative investments                                   | <u>\$ 364,093,248</u>      | <u>123,645,328</u>              |

The Plan holds certain common/collective trusts that hold investments in commingled funds. These commingled funds are valued based on the net asset value to estimate fair value of the fund as determined by the fund manager. The net asset value is the market value of all of the securities owned by the commingled fund, minus its total liabilities. The liquidity of these investments is determined by the redemption period for each commingled fund. These commingled funds have a redemption frequency with a range from weekly to monthly. The redemption notice period for these commingled funds has a range between 5 and 10 days. There are no unfunded commitments related to these commingled funds.

**(5) Actuarial Present Value of Accumulated Plan Benefits**

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 31, 2022 and 2021 is as follows:

|                                                            | <u>2022</u>           | <u>2021</u>          |
|------------------------------------------------------------|-----------------------|----------------------|
| Actuarial present value of accumulated plan benefits:      |                       |                      |
| Participants currently receiving payments                  | \$ 15,036,159         | 306,124,695          |
| Other vested participants                                  | 730,893,752           | 721,074,660          |
| Nonvested participants                                     | 16,322,709            | 19,671,602           |
| Total actuarial present value of accumulated plan benefits | <u>\$ 762,252,620</u> | <u>1,046,870,957</u> |

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

The changes in the actuarial present value of accumulated plan benefits for the year ended December 31, 2022 is as follows:

|                                                                           |                       |
|---------------------------------------------------------------------------|-----------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 1,046,870,957      |
| Increase (decrease) due to:                                               |                       |
| Interest on prior liability                                               | 55,264,958            |
| Benefits accumulated and actuarial gains/(losses)                         | 69,634,674            |
| Benefits paid                                                             | (330,268,491)         |
| Change in actuarial assumptions                                           | (79,249,478)          |
|                                                                           | <u>(284,618,337)</u>  |
| Actuarial present value of accumulated plan benefits at end of year       | <u>\$ 762,252,620</u> |

The significant actuarial assumptions used in the valuations as of December 31, 2022 and 2021 include:

| Assumptions                           | 2022                                                                                                                                       | 2021                                                                                                                                       |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Assumed rate of return on investments | 7.00 %                                                                                                                                     | 6.25 %                                                                                                                                     |
| Mortality basis                       | Amount-weighted Pri-2012 employee, retirees, and contingent survivor mortality rates projected generationally from 2012 with Scale MP-2021 | Amount-weighted Pri-2012 employee, retirees, and contingent survivor mortality rates projected generationally from 2012 with Scale MP-2021 |
| Average retirement rate               | 62                                                                                                                                         | 63                                                                                                                                         |

**(6) Income Tax Status**

The Internal Revenue Service (IRS) has determined and informed the Plan Administrator by a letter dated January 22, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC and that, therefore, the Plan qualifies under Section 401(a) of the IRC, and the related trust is tax exempt as of December 31, 2023.

The System is required to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the organization has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The System has concluded that as of December 31, 2023 and 2022, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The System believes the Plan is no longer subject to income tax examinations for years prior to 2020.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

**(7) Plan Termination**

Although it has not expressed any intention to do so, the System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination; however, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

**(8) Administrative Expenses**

Actuary, investment management, and trustee fees are paid by the Plan, as prescribed by the plan agreement. Other expenses related to the administration of the Plan are paid by the System.

**(9) Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

the near term and that such changes could materially affect the balances and the amounts reported in the statements of net assets available for benefits.

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

**(10) Related Party and Party-in-Interest Transactions**

Certain plan securities are managed by the trustee of the Plan. Therefore, transactions in these funds qualify as party-in-interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation (depreciation) in fair value of the investments.

Fees paid directly to the previous trustee to provide investment advisory services totaling \$533,457 and \$260,958 are included in administrative expenses for the years ended December 31, 2023 and 2022, respectively. Fees paid directly to Mellon to provide investment advisory services totaling \$264,125 and to State Street totaling \$269,332 are included in administrative expenses for the year ended December 31, 2023.

**(11) Reconciliation of Financial Statements to Form 5500**

In 2024, the Plan Sponsor contributed and designated \$23,500,000 for the 2023 plan year for tax purposes on the Form 5500. However, only \$6,000,000 was required to meet the Plan's 2023 funding policy.

As a result of the above items, the following is a reconciliation of net assets available for benefits as of December 31, 2023 and for the year ended December 31, 2023 reported in the financial statements to the Form 5500:

|                                                            | <u>2023</u>           | <u>2022</u>        |
|------------------------------------------------------------|-----------------------|--------------------|
| Net assets available for benefits per financial statements | \$ 873,039,562        | 856,755,903        |
| Contributions from Plan Sponsor                            | <u>17,500,000</u>     | <u>—</u>           |
| Net assets available for benefits per Form 5500            | <u>\$ 890,539,562</u> | <u>856,755,903</u> |

The following is a reconciliation of the changes in net assets per the 2023 financial statements to Form 5500:

|                                                                             |                      |
|-----------------------------------------------------------------------------|----------------------|
| Increase in net assets available for benefits per 2023 financial statements | \$ 16,283,659        |
| Contributions from Plan Sponsor                                             | <u>17,500,000</u>    |
| Increase in net assets available for benefits per 2023 Form 5500            | <u>\$ 33,783,659</u> |

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.**  
**RETIREMENT PLAN**

Notes to Financial Statements

December 31, 2023 and 2022

**(12) Subsequent Events**

All activity of the Plan has been evaluated through October 14, 2024, the date the financial statements were available to be issued.

There were no reportable events.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

Number of Participants, Average Compensation and Average Cash Balance Account

| Attained Age | Years of Credited Service |                              |                               |                              |                              |                              |                              |                             |                             |                             |
|--------------|---------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
|              | <1                        | 1-4                          | 5-9                           | 10-14                        | 15-19                        | 20-24                        | 25-29                        | 30-34                       | 35-39                       | 40+                         |
| <25          | 19                        | 567<br>\$51,447<br>\$2,010   | 14                            |                              |                              |                              |                              |                             |                             |                             |
| 25-29        | 9                         | 1,598<br>\$60,846<br>\$3,384 | 545<br>\$67,115<br>\$8,157    | 8                            |                              |                              |                              |                             |                             |                             |
| 30-34        | 15                        | 1,317<br>\$68,114<br>\$3,934 | 1,299<br>\$74,365<br>\$10,872 | 291<br>\$75,919<br>\$17,401  | 21<br>\$75,391<br>\$14,512   |                              |                              |                             |                             |                             |
| 35-39        | 11                        | 1,019<br>\$92,265<br>\$5,737 | 1,099<br>\$96,218<br>\$15,155 | 693<br>\$88,245<br>\$21,728  | 239<br>\$84,914<br>\$19,320  | 13                           |                              |                             |                             |                             |
| 40-44        | 19                        | 734<br>\$89,346<br>\$6,214   | 830<br>\$98,918<br>\$17,113   | 532<br>\$103,393<br>\$26,835 | 419<br>\$97,491<br>\$24,771  | 158<br>\$84,263<br>\$21,351  | 9                            |                             |                             |                             |
| 45-49        | 23                        | 573<br>\$27,635<br>\$1,030   | 673<br>\$89,367<br>\$6,634    | 450<br>\$93,693<br>\$18,234  | 461<br>\$105,412<br>\$29,045 | 273<br>\$108,996<br>\$30,117 | 97<br>\$96,273<br>\$26,515   | 7<br>\$93,480<br>\$25,025   |                             |                             |
| 50-54        | 18                        | 534<br>\$85,172<br>\$6,758   | 609<br>\$94,170<br>\$18,572   | 511<br>\$108,200<br>\$31,215 | 429<br>\$115,492<br>\$34,170 | 307<br>\$105,635<br>\$30,281 | 205<br>\$99,695<br>\$30,764  | 108<br>\$99,148<br>\$34,309 | 4                           |                             |
| 55-59        | 18                        | 414<br>\$83,374<br>\$6,258   | 504<br>\$89,620<br>\$19,109   | 434<br>\$96,175<br>\$29,696  | 397<br>\$113,198<br>\$38,747 | 333<br>\$105,582<br>\$32,700 | 234<br>\$102,214<br>\$34,684 | 250<br>\$93,518<br>\$34,803 | 88<br>\$90,462<br>\$32,880  | 11                          |
| 60-64        | 10                        | 297<br>\$71,435<br>\$6,252   | 397<br>\$93,707<br>\$20,706   | 388<br>\$90,082<br>\$30,189  | 359<br>\$111,675<br>\$41,068 | 301<br>\$81,770<br>\$28,869  | 227<br>\$91,750<br>\$35,510  | 209<br>\$92,391<br>\$34,468 | 160<br>\$99,944<br>\$40,239 | 119<br>\$81,451<br>\$31,737 |
| 65-69        | 13                        | 116<br>\$82,070<br>\$7,208   | 161<br>\$82,993<br>\$20,028   | 173<br>\$102,972<br>\$38,222 | 146<br>\$108,136<br>\$42,838 | 112<br>\$80,207<br>\$28,617  | 66<br>\$101,618<br>\$38,975  | 66<br>\$90,058<br>\$33,727  | 41<br>\$96,546<br>\$39,857  | 71<br>\$82,955<br>\$30,142  |
| 70+          | 4                         | 47<br>\$90,091<br>\$10,949   | 47<br>\$116,061<br>\$37,875   | 53<br>\$96,487<br>\$48,911   | 71<br>\$133,653<br>\$65,824  | 31<br>\$59,753<br>\$24,983   | 21<br>\$81,101<br>\$30,732   | 30<br>\$61,244<br>\$23,197  | 11                          | 22<br>\$54,047<br>\$19,684  |

N-23.212

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

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

|                                                |                                                                                                                                                                                       |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes    | Based on segment rates with a four-month look-back (as of September 2022), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA |
| 1st Segment Rate                               | 4.75%                                                                                                                                                                                 |
| 2nd Segment Rate                               | 5.00%                                                                                                                                                                                 |
| 3rd Segment Rate                               | 5.74%                                                                                                                                                                                 |
| Interest Rates for Maximum Tax Purposes        | Based on segment rates with a four-month look-back (as of September 2022), without regard to interest rate stabilization                                                              |
| 1st Segment Rate                               | 1.41%                                                                                                                                                                                 |
| 2nd Segment Rate                               | 3.09%                                                                                                                                                                                 |
| 3rd Segment Rate                               | 3.58%                                                                                                                                                                                 |
| Salary Increases                               |                                                                                                                                                                                       |
| Minimum Funding Target Normal Cost             | Table 1, (increases for 2023 are 50% of Table 1)                                                                                                                                      |
| Maximum Tax Expected Benefit Increase          | Table 1, (increases for 2023 are 50% of Table 1)                                                                                                                                      |
| Cash Balance Interest Crediting Rate           | 2.30%                                                                                                                                                                                 |
| Optional Payment Form Election Percentage      | Final average pay benefits: 40% of eligible participants elect a lump sum; all others elect a single life annuity.                                                                    |
|                                                | Cash balance benefits                                                                                                                                                                 |
|                                                | Retirement eligible: 90% elect lump sum; 10% elect single life annuity.                                                                                                               |
|                                                | Non-retirement eligible: 20% elect immediate lump sum; 80% elect lump sum deferred to age 60.                                                                                         |
| Optional Payment Form Conversion Interest Rate | Same as funding interest rates above for lump sum                                                                                                                                     |
| Optional Payment Form Conversion Mortality     | 2023 417(e) table for lump sums                                                                                                                                                       |
| Retirement Age                                 |                                                                                                                                                                                       |
| Active Participants                            | See Table 2                                                                                                                                                                           |
| Terminated Vested Participants                 | Age 62                                                                                                                                                                                |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

|                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality Rates                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Healthy and Disabled                          | 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Withdrawal Rates                              | See Table 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Disability Rates                              | See Table 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Decrement Timing                              | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Surviving Spouse Benefit                      | It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Valuation Compensation                        | 2022 Pensionable earnings rolled forward one year with the salary increase assumption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefit and Compensation Limits               | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets                      | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2021 Plan Year                                | 6.25%, limited to 6.11%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2022 Plan Year                                | 6.25%, limited to 5.92%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2022 Plan Year                                | 7.00%, limited to 5.74%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Trust Expenses Included in Target Normal Cost | \$11,400,000 based on the prior year's actual plan administrative expenses, rounded to the nearest                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

\$100,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2023

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Table 1

**Salary Merit Increase Rates**

| <b>Age</b> | <b>Rate</b> | <b>Age</b> | <b>Rate</b> |
|------------|-------------|------------|-------------|
| 15         | 5.25%       | 45         | 4.25%       |
| 16         | 5.25%       | 46         | 4.25%       |
| 17         | 5.25%       | 47         | 4.25%       |
| 18         | 5.25%       | 48         | 4.25%       |
| 19         | 5.25%       | 49         | 4.25%       |
| 20         | 5.25%       | 50         | 3.75%       |
| 21         | 5.25%       | 51         | 3.75%       |
| 22         | 5.25%       | 52         | 3.75%       |
| 23         | 5.25%       | 53         | 3.75%       |
| 24         | 5.25%       | 54         | 3.75%       |
| 25         | 5.25%       | 55+        | 3.25%       |
| 26         | 5.25%       |            |             |
| 27         | 5.25%       |            |             |
| 28         | 5.25%       |            |             |
| 29         | 5.25%       |            |             |
| 30         | 5.00%       |            |             |
| 31         | 5.00%       |            |             |
| 32         | 5.00%       |            |             |
| 33         | 5.00%       |            |             |
| 34         | 5.00%       |            |             |
| 35         | 4.75%       |            |             |
| 36         | 4.75%       |            |             |
| 37         | 4.75%       |            |             |
| 38         | 4.75%       |            |             |
| 39         | 4.75%       |            |             |
| 40         | 4.50%       |            |             |
| 41         | 4.50%       |            |             |
| 42         | 4.50%       |            |             |
| 43         | 4.50%       |            |             |
| 44         | 4.50%       |            |             |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Table 2

**Retirement Rates**

| <b>Age</b> | <b>Rate</b> |
|------------|-------------|
| 55         | 6.00%       |
| 56         | 6.00%       |
| 57         | 6.00%       |
| 58         | 6.00%       |
| 59         | 6.00%       |
| 60         | 7.00%       |
| 61         | 7.00%       |
| 62         | 10.00%      |
| 63         | 10.00%      |
| 64         | 15.00%      |
| 65         | 26.00%      |
| 66         | 26.00%      |
| 67         | 20.00%      |
| 68         | 20.00%      |
| 69         | 20.00%      |
| 70+        | 100.00%     |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Table 3—Page 1 of 2

**Withdrawal Rates**

| Age | Years of Service |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|
|     | 0–1              | 2      | 3      | 4      | 5+     |
| 15  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 16  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 17  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 18  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 19  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 20  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 21  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 22  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 23  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 24  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 25  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 26  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 27  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 28  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 29  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 30  | 18.00%           | 18.00% | 14.00% | 14.00% | 9.00%  |
| 31  | 18.00%           | 18.00% | 14.00% | 14.00% | 8.80%  |
| 32  | 18.00%           | 18.00% | 14.00% | 14.00% | 8.60%  |
| 33  | 18.00%           | 18.00% | 14.00% | 14.00% | 8.40%  |
| 34  | 18.00%           | 18.00% | 14.00% | 14.00% | 8.20%  |
| 35  | 18.00%           | 16.00% | 13.00% | 13.00% | 8.00%  |
| 36  | 18.00%           | 16.00% | 13.00% | 13.00% | 7.80%  |
| 37  | 18.00%           | 16.00% | 13.00% | 13.00% | 7.60%  |
| 38  | 18.00%           | 16.00% | 13.00% | 13.00% | 7.40%  |
| 39  | 18.00%           | 16.00% | 13.00% | 13.00% | 7.20%  |
| 40  | 18.00%           | 15.00% | 13.00% | 11.00% | 7.00%  |
| 41  | 18.00%           | 15.00% | 13.00% | 11.00% | 6.80%  |
| 42  | 18.00%           | 15.00% | 13.00% | 11.00% | 6.60%  |
| 43  | 18.00%           | 15.00% | 13.00% | 11.00% | 6.40%  |
| 44  | 18.00%           | 15.00% | 13.00% | 11.00% | 6.20%  |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Table 3—Page 2 of 2

**Withdrawal Rates**

| Age | Years of Service |        |        |        |       |
|-----|------------------|--------|--------|--------|-------|
|     | 0–1              | 2      | 3      | 4      | 5+    |
| 45  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 46  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 47  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 48  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 49  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 50  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 51  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 52  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 53  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 54  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 55  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 56  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 57  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 58  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 59  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 60  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 61  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 62  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 63  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 64  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 65+ | 0.00%            | 0.00%  | 0.00%  | 0.00%  | 0.00% |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Table 4

**Disability Rates**

| Age | Male  | Female | Age | Male  | Female |
|-----|-------|--------|-----|-------|--------|
| 15  | 0.03% | 0.03%  | 45  | 0.16% | 0.24%  |
| 16  | 0.03% | 0.03%  | 46  | 0.18% | 0.27%  |
| 17  | 0.03% | 0.03%  | 47  | 0.21% | 0.30%  |
| 18  | 0.03% | 0.03%  | 48  | 0.25% | 0.33%  |
| 19  | 0.03% | 0.03%  | 49  | 0.28% | 0.36%  |
| 20  | 0.03% | 0.03%  | 50  | 0.33% | 0.40%  |
| 21  | 0.03% | 0.03%  | 51  | 0.39% | 0.44%  |
| 22  | 0.03% | 0.03%  | 52  | 0.46% | 0.49%  |
| 23  | 0.03% | 0.03%  | 53  | 0.53% | 0.54%  |
| 24  | 0.03% | 0.03%  | 54  | 0.61% | 0.59%  |
| 25  | 0.03% | 0.03%  | 55  | 0.69% | 0.64%  |
| 26  | 0.03% | 0.03%  | 56  | 0.77% | 0.69%  |
| 27  | 0.03% | 0.03%  | 57  | 0.86% | 0.74%  |
| 28  | 0.03% | 0.04%  | 58  | 0.95% | 0.80%  |
| 29  | 0.03% | 0.04%  | 59  | 1.05% | 0.85%  |
| 30  | 0.03% | 0.04%  | 60  | 1.15% | 0.90%  |
| 31  | 0.03% | 0.05%  | 61  | 1.26% | 0.96%  |
| 32  | 0.03% | 0.05%  | 62  | 1.38% | 1.01%  |
| 33  | 0.03% | 0.06%  | 63  | 1.51% | 1.05%  |
| 34  | 0.03% | 0.06%  | 64  | 1.64% | 1.09%  |
| 35  | 0.04% | 0.07%  | 65+ | 0.00% | 0.00%  |
| 36  | 0.04% | 0.08%  |     |       |        |
| 37  | 0.05% | 0.09%  |     |       |        |
| 38  | 0.06% | 0.10%  |     |       |        |
| 39  | 0.07% | 0.12%  |     |       |        |
| 40  | 0.08% | 0.13%  |     |       |        |
| 41  | 0.09% | 0.15%  |     |       |        |
| 42  | 0.10% | 0.17%  |     |       |        |
| 43  | 0.12% | 0.19%  |     |       |        |
| 44  | 0.14% | 0.22%  |     |       |        |

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

EIN: 34-0714775  
Plan Number: 333

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2023

| (a)<br>Identity of<br>party involved                                                              | (b)<br>Description of assets    | (c)<br>Purchase<br>price | (d)<br>Sale<br>price | (e)<br>Lease<br>rental | (f)<br>Expense<br>incurred with<br>transaction | (g)<br>Cost of<br>asset | (h)<br>Current value<br>of asset on<br>transaction<br>date | (i)<br>Net gain<br>(loss) |
|---------------------------------------------------------------------------------------------------|---------------------------------|--------------------------|----------------------|------------------------|------------------------------------------------|-------------------------|------------------------------------------------------------|---------------------------|
| Single Transactions involving an amount in excess of 5% of the beginning value of Plan assets:    |                                 |                          |                      |                        |                                                |                         |                                                            |                           |
| Vanguard                                                                                          | VANGUARD INTERMEDIATE-TERM B    | \$ —                     | 60,027,459           | —                      | —                                              | 64,999,846              | 60,027,459                                                 | (4,972,388)               |
| Vanguard                                                                                          | VANGUARD TTL STK MKT-INST       | —                        | 73,268,839           | —                      | —                                              | 73,268,839              | 77,558,338                                                 | (4,289,499)               |
| * BNY                                                                                             | BNYM-M DB SL AGGREGATE BIF      | 59,000,000               | —                    | —                      | —                                              | 59,000,000              | 59,000,000                                                 | —                         |
| * BNY                                                                                             | BNYM-M DB SL BROAD MKT SIF      | 72,000,000               | —                    | —                      | —                                              | 72,000,000              | 72,000,000                                                 | —                         |
| * BNY                                                                                             | COLLECTIVE US GOV'T STIF 15 BPS | 60,027,459               | —                    | —                      | —                                              | 60,027,459              | 60,027,459                                                 | —                         |
| * BNY                                                                                             | COLLECTIVE US GOV'T STIF 15 BPS | 73,268,839               | —                    | —                      | —                                              | 73,268,839              | 73,268,839                                                 | —                         |
| * BNY                                                                                             | COLLECTIVE US GOV'T STIF 15 BPS | —                        | 59,000,000           | —                      | —                                              | 59,000,000              | 59,000,000                                                 | —                         |
| * BNY                                                                                             | COLLECTIVE US GOV'T STIF 15 BPS | —                        | 72,000,000           | —                      | —                                              | 72,000,000              | 72,000,000                                                 | —                         |
| Series of transactions involving an amount in excess of 5% of the beginning value of Plan assets: |                                 |                          |                      |                        |                                                |                         |                                                            |                           |
| Vanguard                                                                                          | VANGUARD INTERMEDIATE-TERM B    |                          |                      |                        |                                                |                         |                                                            |                           |
|                                                                                                   | 1 sales                         | \$ —                     | 60,027,459           | —                      | —                                              | 64,999,846              | 60,027,459                                                 | (4,972,387)               |
| Vanguard                                                                                          | VANGUARD TTL STK MKT-INST       |                          |                      |                        |                                                |                         |                                                            |                           |
|                                                                                                   | 3 sales                         | —                        | 103,268,839          | —                      | —                                              | 109,519,903             | 103,268,839                                                | (6,251,064)               |
| * BNY                                                                                             | BNYM-M DB SL AGGREGATE BIF      |                          |                      |                        |                                                |                         |                                                            |                           |
|                                                                                                   | 1 purchases                     | 59,000,000               | —                    | —                      | —                                              | 59,000,000              | 59,000,000                                                 | —                         |
| * BNY                                                                                             | BNYM-M DB SL BROAD MKT SIF      |                          |                      |                        |                                                |                         |                                                            |                           |
|                                                                                                   | 1 purchases                     | 72,000,000               | —                    | —                      | —                                              | 72,000,000              | 72,000,000                                                 | —                         |
| * BNY                                                                                             | Government Stif 15:             |                          |                      |                        |                                                |                         |                                                            |                           |
|                                                                                                   | 45 purchases                    | 211,070,758              | —                    | —                      | —                                              | 211,070,758             | 211,070,758                                                | —                         |
| * BNY                                                                                             | Government Stif 15:             |                          |                      |                        |                                                |                         |                                                            |                           |
|                                                                                                   | 36 sales                        | —                        | 202,611,899          | —                      | —                                              | 202,611,899             | 202,611,899                                                | —                         |
| * State street                                                                                    | Government Stif 15              |                          |                      |                        |                                                |                         |                                                            |                           |
|                                                                                                   | 117 purchases                   | 101,378,492              | —                    | —                      | —                                              | 101,378,492             | 101,378,492                                                | —                         |
|                                                                                                   | 108 sales                       | —                        | 132,996,479          | —                      | —                                              | 132,996,479             | 132,996,479                                                | —                         |

\* Party-in-interest as defined by ERISA.

Note: This schedule is based on information that has been certified as complete and accurate by State Street and Bank of New York Mellon, the Plan's trustees.

See accompanying independent auditors' report.

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

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN                                                         | <b>B</b> Three-digit plan number (PN) ▶ 333                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>UNIVERSITY HOSPITALS HEALTH SYSTEM                            | <b>D</b> Employer Identification Number (EIN)<br>34-0714775                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                                   |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                               |                            |                           |                          |
| <b>a</b> Market value.....                                                                                                                                                                                     | <b>2a</b>                  | 856,834,007               |                          |
| <b>b</b> Actuarial value.....                                                                                                                                                                                  | <b>2b</b>                  | 942,517,407               |                          |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | 185                        | 17,670,951                | 17,670,951               |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 11,545                     | 267,487,639               | 267,487,639              |
| <b>c</b> For active participants.....                                                                                                                                                                          | 23,212                     | 588,881,349               | 601,709,093              |
| <b>d</b> Total.....                                                                                                                                                                                            | 34,942                     | 874,039,939               | 886,867,683              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                       | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate.....                                                                                                                                                                          | <b>5</b>                   | 5.28%                     |                          |
| <b>6</b> Target normal cost                                                                                                                                                                                    |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b>                  | 55,228,760                |                          |
| <b>b</b> Expected plan-related expenses.....                                                                                                                                                                   | <b>6b</b>                  | 11,400,000                |                          |
| <b>c</b> Target normal cost.....                                                                                                                                                                               | <b>6c</b>                  | 66,628,760                |                          |

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

|                               |                |                                        |
|-------------------------------|----------------|----------------------------------------|
| <b>SIGN HERE</b>              | Jason M. Bravo | 09/25/2024                             |
| Signature of actuary          |                | Date                                   |
| JASON M. BRAVO                |                | 2305569                                |
| Type or print name of actuary |                | Most recent enrollment number          |
| AON CONSULTING, INC.          |                | 216-430-4732                           |
| Firm name                     |                | Telephone number (including area code) |
| MSC# 17854 P.O. Box 7505      |                |                                        |
| FORT WASHINGTON PA 19034      |                |                                        |
| Address of the firm           |                |                                        |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2023 v. 230728**



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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                                                                                                       | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....     |                                                                                                                                              |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|                                                                                                                                      |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment ..... | <b>27</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|--|

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                       |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                       |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           | <b>31a</b>          | 66,628,760            |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                     |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                       |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 42,007,132          | Installment 4,421,560 |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                     |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                       |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           | <b>34</b>           | 71,050,320            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance    | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 61,828,841            | 61,828,841    |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 9,221,479             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 21,581,137            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                       |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             | <b>38a</b>          | 12,359,658            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 12,359,658            |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                     |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                     |               |

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

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2023

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>1/1/2023 at<br/>5.28%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|----------------------------------------------------------|-----------------------------------------------|
| July 12, 2024      | \$ 5,700,000  | 558                                                      | \$ 5,269,210                                  |
| September 12, 2024 | 17,800,000    | 620                                                      | 16,311,927                                    |
| Total Contribution | \$ 23,500,000 |                                                          | \$ 21,581,137                                 |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55               | 6.00%       | 1.0000        | 3.30                              |
| 56               | 6.00%       | 0.9400        | 3.16                              |
| 57               | 6.00%       | 0.8836        | 3.02                              |
| 58               | 6.00%       | 0.8306        | 2.89                              |
| 59               | 6.00%       | 0.7807        | 2.76                              |
| 60               | 7.00%       | 0.7339        | 3.08                              |
| 61               | 7.00%       | 0.6825        | 2.91                              |
| 62               | 10.00%      | 0.6348        | 3.94                              |
| 63               | 10.00%      | 0.5713        | 3.60                              |
| 64               | 15.00%      | 0.5142        | 4.94                              |
| 65               | 26.00%      | 0.4370        | 7.39                              |
| 66               | 26.00%      | 0.3234        | 5.55                              |
| 67               | 20.00%      | 0.2393        | 3.21                              |
| 68               | 20.00%      | 0.1915        | 2.60                              |
| 69               | 20.00%      | 0.1532        | 2.11                              |
| 70               | 100.00%     | 0.1225        | 8.58                              |
| Weighted Average |             |               | 63.04                             |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

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

|                                                |                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Rates for Minimum Funding Purposes    | Based on segment rates with a four-month look-back (as of September 2022), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA                                                                                                                                       |
| 1st Segment Rate                               | 4.75%                                                                                                                                                                                                                                                                                                                       |
| 2nd Segment Rate                               | 5.00%                                                                                                                                                                                                                                                                                                                       |
| 3rd Segment Rate                               | 5.74%                                                                                                                                                                                                                                                                                                                       |
| Interest Rates for Maximum Tax Purposes        | Based on segment rates with a four-month look-back (as of September 2022), without regard to interest rate stabilization                                                                                                                                                                                                    |
| 1st Segment Rate                               | 1.41%                                                                                                                                                                                                                                                                                                                       |
| 2nd Segment Rate                               | 3.09%                                                                                                                                                                                                                                                                                                                       |
| 3rd Segment Rate                               | 3.58%                                                                                                                                                                                                                                                                                                                       |
| Salary Increases                               |                                                                                                                                                                                                                                                                                                                             |
| Minimum Funding Target Normal Cost             | Table 1, (increases for 2023 are 50% of Table 1)                                                                                                                                                                                                                                                                            |
| Maximum Tax Expected Benefit Increase          | Table 1, (increases for 2023 are 50% of Table 1)                                                                                                                                                                                                                                                                            |
| Cash Balance Interest Crediting Rate           | 2.30%                                                                                                                                                                                                                                                                                                                       |
| Optional Payment Form Election Percentage      | Final average pay benefits: 40% of eligible participants elect a lump sum; all others elect a single life annuity.<br><br>Cash balance benefits<br>Retirement eligible: 90% elect lump sum; 10% elect single life annuity.<br>Non-retirement eligible: 20% elect immediate lump sum; 80% elect lump sum deferred to age 60. |
| Optional Payment Form Conversion Interest Rate | Same as funding interest rates above for lump sum                                                                                                                                                                                                                                                                           |
| Optional Payment Form Conversion Mortality     | 2023 417(e) table for lump sums                                                                                                                                                                                                                                                                                             |
| Retirement Age                                 |                                                                                                                                                                                                                                                                                                                             |
| Active Participants                            | See Table 2                                                                                                                                                                                                                                                                                                                 |
| Terminated Vested Participants                 | Age 62                                                                                                                                                                                                                                                                                                                      |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mortality Rates                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Healthy and Disabled            | 2023 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2022-22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Withdrawal Rates                | See Table 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Disability Rates                | See Table 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Decrement Timing                | Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Surviving Spouse Benefit        | It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Valuation Compensation          | 2022 Pensionable earnings rolled forward one year with the salary increase assumption                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefit and Compensation Limits | Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the IRC section 401(a)(17) compensation limit of \$330,000.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Valuation of Plan Assets        | <p>Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p> |
| Expected Return on Assets       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2021 Plan Year                  | 6.25%, limited to 6.11%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2022 Plan Year                  | 6.25%, limited to 5.92%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 2022 Plan Year                  | 7.00%, limited to 5.74%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

|                                               |                                                                                                               |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Trust Expenses Included in Target Normal Cost | \$11,400,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$100,000. |
| Actuarial Method                              | Standard unit credit cost method                                                                              |
| Valuation Date                                | January 1, 2023                                                                                               |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 University Hospitals Health System, Inc. Retirement Plan  
 EIN: 34-0714775 PN: 333

Table 1  
 Salary Merit Increase Rates

| Age | Rate  | Age | Rate  |
|-----|-------|-----|-------|
| 15  | 5.25% | 45  | 4.25% |
| 16  | 5.25% | 46  | 4.25% |
| 17  | 5.25% | 47  | 4.25% |
| 18  | 5.25% | 48  | 4.25% |
| 19  | 5.25% | 49  | 4.25% |
| 20  | 5.25% | 50  | 3.75% |
| 21  | 5.25% | 51  | 3.75% |
| 22  | 5.25% | 52  | 3.75% |
| 23  | 5.25% | 53  | 3.75% |
| 24  | 5.25% | 54  | 3.75% |
| 25  | 5.25% | 55+ | 3.25% |
| 26  | 5.25% |     |       |
| 27  | 5.25% |     |       |
| 28  | 5.25% |     |       |
| 29  | 5.25% |     |       |
| 30  | 5.00% |     |       |
| 31  | 5.00% |     |       |
| 32  | 5.00% |     |       |
| 33  | 5.00% |     |       |
| 34  | 5.00% |     |       |
| 35  | 4.75% |     |       |
| 36  | 4.75% |     |       |
| 37  | 4.75% |     |       |
| 38  | 4.75% |     |       |
| 39  | 4.75% |     |       |
| 40  | 4.50% |     |       |
| 41  | 4.50% |     |       |
| 42  | 4.50% |     |       |
| 43  | 4.50% |     |       |
| 44  | 4.50% |     |       |

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Table 2  
Retirement Rates

| Age | Rate    |
|-----|---------|
| 55  | 6.00%   |
| 56  | 6.00%   |
| 57  | 6.00%   |
| 58  | 6.00%   |
| 59  | 6.00%   |
| 60  | 7.00%   |
| 61  | 7.00%   |
| 62  | 10.00%  |
| 63  | 10.00%  |
| 64  | 15.00%  |
| 65  | 26.00%  |
| 66  | 26.00%  |
| 67  | 20.00%  |
| 68  | 20.00%  |
| 69  | 20.00%  |
| 70+ | 100.00% |

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**Withdrawal Rates**

| Age | Years of Service |        |        |        |        |
|-----|------------------|--------|--------|--------|--------|
|     | 0–1              | 2      | 3      | 4      | 5+     |
| 15  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 16  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 17  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 18  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 19  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 20  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 21  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 22  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 23  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 24  | 22.00%           | 22.00% | 22.00% | 22.00% | 19.00% |
| 25  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 26  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 27  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 28  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 29  | 20.00%           | 19.00% | 17.00% | 15.00% | 14.00% |
| 30  | 18.00%           | 18.00% | 14.00% | 14.00% | 9.00%  |
| 31  | 18.00%           | 18.00% | 14.00% | 14.00% | 8.80%  |
| 32  | 18.00%           | 18.00% | 14.00% | 14.00% | 8.60%  |
| 33  | 18.00%           | 18.00% | 14.00% | 14.00% | 8.40%  |
| 34  | 18.00%           | 18.00% | 14.00% | 14.00% | 8.20%  |
| 35  | 18.00%           | 16.00% | 13.00% | 13.00% | 8.00%  |
| 36  | 18.00%           | 16.00% | 13.00% | 13.00% | 7.80%  |
| 37  | 18.00%           | 16.00% | 13.00% | 13.00% | 7.60%  |
| 38  | 18.00%           | 16.00% | 13.00% | 13.00% | 7.40%  |
| 39  | 18.00%           | 16.00% | 13.00% | 13.00% | 7.20%  |
| 40  | 18.00%           | 15.00% | 13.00% | 11.00% | 7.00%  |
| 41  | 18.00%           | 15.00% | 13.00% | 11.00% | 6.80%  |
| 42  | 18.00%           | 15.00% | 13.00% | 11.00% | 6.60%  |
| 43  | 18.00%           | 15.00% | 13.00% | 11.00% | 6.40%  |
| 44  | 18.00%           | 15.00% | 13.00% | 11.00% | 6.20%  |

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**Withdrawal Rates**

| Age | Years of Service |        |        |        |       |
|-----|------------------|--------|--------|--------|-------|
|     | 0–1              | 2      | 3      | 4      | 5+    |
| 45  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 46  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 47  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 48  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 49  | 16.00%           | 15.00% | 10.00% | 10.00% | 6.00% |
| 50  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 51  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 52  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 53  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 54  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 55  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 56  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 57  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 58  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 59  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 60  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 61  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 62  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 63  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 64  | 14.00%           | 12.00% | 10.00% | 10.00% | 6.00% |
| 65+ | 0.00%            | 0.00%  | 0.00%  | 0.00%  | 0.00% |

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Table 4  
**Disability Rates**

| Age | Male  | Female | Age | Male  | Female |
|-----|-------|--------|-----|-------|--------|
| 15  | 0.03% | 0.03%  | 45  | 0.16% | 0.24%  |
| 16  | 0.03% | 0.03%  | 46  | 0.18% | 0.27%  |
| 17  | 0.03% | 0.03%  | 47  | 0.21% | 0.30%  |
| 18  | 0.03% | 0.03%  | 48  | 0.25% | 0.33%  |
| 19  | 0.03% | 0.03%  | 49  | 0.28% | 0.36%  |
| 20  | 0.03% | 0.03%  | 50  | 0.33% | 0.40%  |
| 21  | 0.03% | 0.03%  | 51  | 0.39% | 0.44%  |
| 22  | 0.03% | 0.03%  | 52  | 0.46% | 0.49%  |
| 23  | 0.03% | 0.03%  | 53  | 0.53% | 0.54%  |
| 24  | 0.03% | 0.03%  | 54  | 0.61% | 0.59%  |
| 25  | 0.03% | 0.03%  | 55  | 0.69% | 0.64%  |
| 26  | 0.03% | 0.03%  | 56  | 0.77% | 0.69%  |
| 27  | 0.03% | 0.03%  | 57  | 0.86% | 0.74%  |
| 28  | 0.03% | 0.04%  | 58  | 0.95% | 0.80%  |
| 29  | 0.03% | 0.04%  | 59  | 1.05% | 0.85%  |
| 30  | 0.03% | 0.04%  | 60  | 1.15% | 0.90%  |
| 31  | 0.03% | 0.05%  | 61  | 1.26% | 0.96%  |
| 32  | 0.03% | 0.05%  | 62  | 1.38% | 1.01%  |
| 33  | 0.03% | 0.06%  | 63  | 1.51% | 1.05%  |
| 34  | 0.03% | 0.06%  | 64  | 1.64% | 1.09%  |
| 35  | 0.04% | 0.07%  | 65+ | 0.00% | 0.00%  |
| 36  | 0.04% | 0.08%  |     |       |        |
| 37  | 0.05% | 0.09%  |     |       |        |
| 38  | 0.06% | 0.10%  |     |       |        |
| 39  | 0.07% | 0.12%  |     |       |        |
| 40  | 0.08% | 0.13%  |     |       |        |
| 41  | 0.09% | 0.15%  |     |       |        |
| 42  | 0.10% | 0.17%  |     |       |        |
| 43  | 0.12% | 0.19%  |     |       |        |
| 44  | 0.14% | 0.22%  |     |       |        |

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Schedule SB, Part V—Summary of Plan Provisions

Cash Balance Provisions for All Plan Participants Effective April 1, 2015

|                                        |                                                                                                                                                                                                                                      |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility                            | Attainment of age 21 and completion of 1,000 hours of service.                                                                                                                                                                       |
| Accrued Benefit                        | The monthly benefit derived from the cash balance account, based on pay credits and interest credits.                                                                                                                                |
| Normal Retirement Benefit              |                                                                                                                                                                                                                                      |
| Normal Retirement Date                 | Age 65.                                                                                                                                                                                                                              |
| Benefit                                | Accrued benefit.                                                                                                                                                                                                                     |
| Vested Termination Benefit             |                                                                                                                                                                                                                                      |
| Eligibility                            | Three years of credited service.                                                                                                                                                                                                     |
| Benefit                                | Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement. |
| Preretirement Surviving Spouse Benefit |                                                                                                                                                                                                                                      |
| Eligibility                            | Any participant eligible for a vested retirement benefit.                                                                                                                                                                            |
| Benefit                                | 50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.                                                                    |
| Definitions                            |                                                                                                                                                                                                                                      |
| Actuarial Equivalence                  | For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).                                                                                           |
| Pay Credits                            | Credited annually based on the following table:                                                                                                                                                                                      |

| Age + Service Points | Percent of Compensation |
|----------------------|-------------------------|
| Less than 40         | 3.0%                    |
| 40 to 49             | 3.5%                    |
| 50 to 59             | 4.0%                    |
| 60 to 69             | 4.5%                    |
| 70 to 79             | 5.0%                    |
| 80 or Greater        | 6.0%                    |

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|                          |                                                                                                                                                                |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Credits         | Credited quarterly based on the average yield on 10-year Treasury Constant Maturities for the second month prior to the quarter, with a minimum rate of 1.95%. |
| Normal Form of Payment   | Single life annuity.                                                                                                                                           |
| Optimal Forms of Payment | 50%, 66⅔%, 75%, and 100% joint and survivor annuity;<br>5- and 10-year certain and life annuity;<br>Lump sum.                                                  |

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UHC Non-Cash Balance Participants (Pre–April 1, 2015 Accruals)

|                                        |                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                         | As amended and restated effective July 1, 2001.                                                                                                                                                                                                                                                                                          |
| Participant Eligibility                | Age 21 and one year of credited service. Hired prior to January 1, 2009.                                                                                                                                                                                                                                                                 |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                                                                                                                                                                                       |
| Benefit                                | <p>The greater of (a) and (b):</p> <p>(a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.</p> <p>(b) Accrued benefit under the plan provisions in effect as of June 30, 1989.</p> |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                                                                                                                                                                                               |
| Benefit                                | <p>Accrued benefit actuarially reduced for commencement at early retirement date.</p> <p>Participants who are 55 or older with at least 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.</p>                                                    |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                                                                                                                                                                                               |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                                                                                                                                                                                                |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                                                                                                                                                                                          |
| Benefit                                | Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.                                                                                                                                                                                                     |

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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 60.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service<sup>1</sup>

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,800+            | 12 months       |
| 1,640–1,799       | 10 months       |
| 1,480–1,639       | 9 months        |
| 1,320–1,479       | 8 months        |
| 1,160–1,319       | 7 months        |
| 1,000–1,159       | 6 months        |
| 0–999             | 0 months        |

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year of termination.

<sup>1</sup> Calculation for credited service and benefit service begins on January 1, 1988, for employees of Home Care Inc. and Health Care, Inc.

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Accrued Benefit

The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

Normal Form of Payment

Single life annuity.

Optional Forms of Payment

50%, 66⅔%, 75%, and 100% joint and survivor annuity;  
5- and 10-year certain and life annuity;  
Lump sum.

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Cash Balance Participants (Pre–April 1, 2015 Accruals)

| Eligibility                            | Attainment of age 21 and completion of 1,000 hours of service. Hired or rehired on or after January 1, 2009 (including UHMG employees who reentered the UHHS controlled group on January 1, 2011).                                   |                           |                         |             |      |              |      |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|-------------|------|--------------|------|
| Accrued Benefit                        | The monthly benefit derived from the cash balance account, based on pay credits and interest credits.                                                                                                                                |                           |                         |             |      |              |      |
| Normal Retirement Benefit              |                                                                                                                                                                                                                                      |                           |                         |             |      |              |      |
| Normal Retirement Date                 | Age 65.                                                                                                                                                                                                                              |                           |                         |             |      |              |      |
| Benefit                                | Accrued benefit.                                                                                                                                                                                                                     |                           |                         |             |      |              |      |
| Vested Termination Benefit             |                                                                                                                                                                                                                                      |                           |                         |             |      |              |      |
| Eligibility                            | Three years of credited service.                                                                                                                                                                                                     |                           |                         |             |      |              |      |
| Benefit                                | Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement. |                           |                         |             |      |              |      |
| Preretirement Surviving Spouse Benefit |                                                                                                                                                                                                                                      |                           |                         |             |      |              |      |
| Eligibility                            | Any participant eligible for a vested retirement benefit.                                                                                                                                                                            |                           |                         |             |      |              |      |
| Benefit                                | 50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.                                                                    |                           |                         |             |      |              |      |
| Definitions                            |                                                                                                                                                                                                                                      |                           |                         |             |      |              |      |
| Actuarial Equivalence                  | For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).                                                                                           |                           |                         |             |      |              |      |
| Pay Credits                            | Credited annually based on the following table: <table><tr><th>Years of Credited Service</th><th>Percent of Compensation</th></tr><tr><td>Less than 5</td><td>3.0%</td></tr><tr><td>5 or Greater</td><td>3.5%</td></tr></table>      | Years of Credited Service | Percent of Compensation | Less than 5 | 3.0% | 5 or Greater | 3.5% |
| Years of Credited Service              | Percent of Compensation                                                                                                                                                                                                              |                           |                         |             |      |              |      |
| Less than 5                            | 3.0%                                                                                                                                                                                                                                 |                           |                         |             |      |              |      |
| 5 or Greater                           | 3.5%                                                                                                                                                                                                                                 |                           |                         |             |      |              |      |
| Interest Credits                       | Credited quarterly based on the average yield on 10-year Treasury Constant Maturities for the second month prior to the quarter.                                                                                                     |                           |                         |             |      |              |      |

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Normal Form of Payment

Single life annuity.

Optimal Forms of Payment

50%, 66 $\frac{2}{3}$ %, 75%, and 100% joint and survivor annuity;  
5- and 10-year certain and life annuity;  
Lump sum.

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Bedford Medical Center (Pre–June 1, 2004 Accruals)

|                                        |                                                                                                                                                                   |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participant Eligibility                | Age 21 and one year of credited service.                                                                                                                          |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                |
| Benefit                                | \$20 times years of benefit service at normal retirement date, with maximum of 30 years.                                                                          |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                        |
| Benefit                                | Accrued benefit actuarially reduced for commencement prior to normal retirement date.                                                                             |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                        |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                         |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                   |
| Benefit                                | Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.                              |
| Survivor Benefit Eligibility           | Any participant eligible for a vested retirement benefit.                                                                                                         |
| Benefit                                | 50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age. |
| Definitions                            |                                                                                                                                                                   |
| Compensated Hours                      | Hours of service for which a participant was compensated.                                                                                                         |
| Noncompensated Hours                   | Hours of service for which participant was scheduled to work, but did not and was not compensated.                                                                |

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Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,950+            | 12 months       |
| 1,725–1,949       | 10 months       |
| 1,500–1,724       | 9 months        |
| 1,275–1,499       | 8 months        |
| 1,050–1,274       | 7 months        |
| 832–1,049         | 6 months        |
| 0–831             | 0 months        |

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 832 hours.

June 1, 2004 Benefit Changes

Benefits for Bedford participants who moved to the UHC benefit structure on June 1, 2004 equal the greater of (a) and (b):

- (a) The accrued benefit determined under the Bedford formula as of May 31, 2004, plus the benefit determined under the UHC formula for service after May 31, 2004.
- (b) The benefit determined under the Bedford formula for all service.

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Geauga Regional Hospital (Pre–June 1, 2004 Accruals)

Participant Eligibility Age 21 and one year of credited service.

Normal Retirement  
Eligibility

First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.

Benefit

The greater of (a) and (b):

- (a) 1.20% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.
- (b) Accrued normal retirement benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement  
Eligibility

Age 55 and five years of credited service.

Benefit

Accrued benefit actuarially reduced for commencement at early retirement date. Actuarial reduction is waived for employees retiring at or after age 62.

Participants who are 55 or older with at least 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Disabled Retirement  
Eligibility

Ten years of credited service and termination of employment due to a permanent disability.

Benefit

Accrued benefit commencing on the first of the month following five months of disability.

Deferred Vested Retirement  
Eligibility

Five years of credited service.

Benefit

Accrued normal retirement benefit commencing at normal retirement date or the actuarially reduced accrued normal retirement benefit commencing at early retirement date.

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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the three highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 36.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,800+            | 12 months       |
| 1,640–1,799       | 10 months       |
| 1,480–1,639       | 9 months        |
| 1,320–1,479       | 8 months        |
| 1,160–1,319       | 7 months        |
| 1,000–1,159       | 6 months        |
| 0–999             | 0 months        |

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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June 1, 2004 Benefit Changes

Benefits for Geauga participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (a) and (b):

- (a) The benefit determined under the Geauga formula, based on service as of May 31, 2004; and
- (b) The benefit determined under the UHC formula, based on service after May 31, 2004.

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Heather Hill Hospital (Pre–June 1, 2004 Accruals)

|                                        |                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participant Eligibility                | Age 21 and one year of credited service.                                                                                                                                                                                                                                                                                                 |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                                                                                                                                                                                       |
| Benefit                                | <p>The greater of (a) and (b):</p> <p>(a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.</p> <p>(b) Accrued benefit under the plan provisions in effect as of June 30, 1989.</p> |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                                                                                                                                                                                               |
| Benefit                                | Accrued benefit actuarially reduced for commencement at early retirement date.                                                                                                                                                                                                                                                           |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                                                                                                                                                                                               |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                                                                                                                                                                                                |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                                                                                                                                                                                          |
| Benefit                                | Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.                                                                                                                                                                                                     |
| Survivor Benefit Eligibility           | Any participant eligible for a vested retirement benefit.                                                                                                                                                                                                                                                                                |
| Benefit                                | 50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.                                                                                                                                                                        |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Definitions

**Average Monthly Compensation** The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 60.

**Compensated Hours** Hours of service for which a participant was compensated.

**Noncompensated Hours** Hours of service for which participant was scheduled to work, but did not and was not compensated.

**Credited Service** One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

**Benefit Service** Determined according to the following schedule based on compensated hours of service in a calendar year:

| <b>Compensated Hours</b> | <b>Benefit Service</b> |
|--------------------------|------------------------|
| 1,800+                   | 12 months              |
| 1,640–1,799              | 10 months              |
| 1,480–1,639              | 9 months               |
| 1,320–1,479              | 8 months               |
| 1,160–1,319              | 7 months               |
| 1,000–1,159              | 6 months               |
| 0–999                    | 0 months               |

**Social Security Covered Compensation** The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

**Accrued Benefit** The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
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Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

June 1, 2004 Benefit Changes

Benefits for Heather Hill participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (a) and (b), divided by projected benefit service (up to 25 years):

- (a) The benefit determined under the Heather Hill formula, based on all service, multiplied by benefit service earned through May 31, 2004; and
- (b) The benefit determined under the UHC formula, based on all service, multiplied by benefit service earned after May 31, 2004.

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University MEDNET (Pre–April 1, 2015 Accruals)

Participant Eligibility One year of service with at least 1,000 hours of service.

Normal Retirement  
Eligibility

First day of the month on or after attaining age 65.

Benefit

The sum of (a), (b), (c), and (d) below:

(a) The greater of (1) and (2) below:

(1) 1% of past service compensation plus 0.8% of  
past service compensation in excess of 8,400;

Times

Service to December 31, 1978.

(2) The benefit accrued to December 31, 1978,  
under the prior plan.

(b) For each calendar year of service beginning with  
1979 and before 1988, 1% of compensation plus  
1% of compensation in excess of \$20,000.

(c) For calendar year of service in 1988, 1.25% of  
compensation up to 50% of the Social Security  
wage base and 2% of compensation above 50% of  
the Social Security wage base.

(d) For each calendar year of service beginning with  
1989, 1.309% of compensation up to the greater of  
\$10,000 or 50% of the Social Security covered  
compensation for individuals retiring in the  
calculation year and 1.941% of compensation  
above the greater of \$10,000 or 50% of the Social  
Security covered compensation. After 35 years of  
service, the annual incremental accrued benefit  
becomes, for each calendar year of service,  
1.745% of compensation.

Early Retirement  
Eligibility

Age 55 and 10 years of vesting service.

Benefit

Accrued benefit reduced 1/15 for each year between  
ages 60 and 65 and 1/30 for each year between ages 55  
and 60 for commencement at early retirement date.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Participants aged 55 with 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Disabled Retirement

Eligibility

Five years of vesting service and termination of employment due to a permanent disability.

Benefit

Reduced early retirement benefit commencing on the first of the month following disability.

Deferred Vested Retirement

Eligibility

Five years of vesting service.

Benefit

Accrued benefit commencing at normal retirement date or the reduced accrued benefit commencing at early retirement date.

Employees who became participants prior to January 1, 1996, may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's W-2 compensation and sections 401(k), 403(b), and 125 compensation.

Past Service Compensation

The lesser of (a) and (b) below:

- (a) The greater of compensation during 1978, or the average of the compensation for the period January 1, 1974, through December 31, 1978.
- (b) The average of the five highest consecutive calendar years of compensation prior to termination of employment.

Service

One year is credited for each calendar year in which a participant worked at least 1,000 hours. Partial service is credited in year of termination.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Vesting Service

One year is credited for each calendar year in which a participant worked at least 1,000 hours.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year of termination for a participant who attained Social Security retirement age during the year.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Conneaut Pension Plan (Pre–April 1, 2015 Accruals)

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                 | As amended and restated effective January 1, 1989.                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Participation Date             | January 1 or July 1 following the participant's twenty-first birthday and the completion of one qualifying year of service. Hired prior to January 1, 2009.                                                                                                                                                                                                                                                                                                                                 |
| Normal Retirement Eligibility  | First day of the month on or after the later of the participant's sixty-fifth birthday and the fifth anniversary of participation in the plan.                                                                                                                                                                                                                                                                                                                                              |
| Benefit                        | <p>The greatest of (a), (b), and (c):</p> <ul style="list-style-type: none"><li>(a) 1.10% of average monthly compensation, plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by years of service up to a maximum of 30 years.</li><li>(b) The accrued benefit under the plan provisions in effect as of November 26, 1996.</li><li>(c) The accrued benefit under the plan provisions in effect as of May 14, 1998.</li></ul> |
| Early Retirement Eligibility   | Age 55 and 10 years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit                        | <p>Accrued benefit actuarially reduced for commencement at the early retirement date.</p> <p>Minimum early retirement factors apply to the November 26, 1996 minimum accrued benefit. The reduction applied to this minimum benefit is 0.5% for each of the first 60 months and 0.4% for each of the next 60 months.</p>                                                                                                                                                                    |
| Delayed Retirement Eligibility | <p>The participant continues to work past the normal retirement date.</p> <p>Benefits shall not commence until the participant actually terminates employment.</p>                                                                                                                                                                                                                                                                                                                          |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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|                                        |                                                                                                                                                                                                                                                                                                                      |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                | The greater of (a) and (b):<br><br>(a) The benefit based on compensation and years of service at the date of termination.<br><br>(b) The accrued benefit on the normal retirement date increased by $\frac{1}{2}$ of 1% for each month by which the actual retirement date is later than the normal retirement date. |
| Disabled Retirement Eligibility        | Termination due to total and permanent disability.                                                                                                                                                                                                                                                                   |
| Benefit                                | Accrued benefit as of the date of disability commencing on the normal retirement date. The participant may elect to receive a reduced benefit following six months of disability. The reduced benefit is the actuarial equivalent of the normal retirement benefit.                                                  |
| Deferred Vested Retirement Eligibility | Five years of service.                                                                                                                                                                                                                                                                                               |
| Benefit                                | Accrued benefit as of the date of termination commencing at the normal retirement date.<br><br>A participant who has completed 10 years of service at termination may elect to commence benefit payments at the early retirement date.                                                                               |
| Lump Sum Benefit Eligibility           | Any participant eligible for a vested retirement benefit.                                                                                                                                                                                                                                                            |
| Benefit                                | Participant may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.                                                                                                                                                                                    |
| Survivor Benefit Eligibility           | Any participant eligible for a vested retirement benefit.                                                                                                                                                                                                                                                            |
| Benefit                                | 50% of the participant's accrued benefit reduced for both joint and 50% survivor benefit form and early receipt of benefits. The benefit is payable at the participant's earliest retirement age.                                                                                                                    |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Definitions

Average Monthly Compensation

The sum of a participant's compensation during the five highest consecutive calendar years out of the last 10 years prior to the date of termination, divided by 60.

If the participant has been employed for less than 60 months, the average monthly compensation is the sum of the participant's total compensation divided by the number of complete months the participant had worked prior to the date of termination.

Compensation

The participants' wages during the year. Compensation includes deferred compensation under Code sections 125 and 403(b).

Year of Service

For vesting and benefit accrual purposes, a year of service is credited for each calendar year in which a participant completes 1,000 hours of service.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the last day of the calendar year in which the participant attains Social Security retirement age. In calculating an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

Accrued Benefit

The accrued benefit is the greatest of (a), (b) and (c):

- (a) The normal retirement benefit multiplied by the service ratio. In determining the normal retirement benefit, years of service is computed as the sum of years of service at the determination date and the number of years from the determination date to the normal retirement date.
- (b) The accrued benefit based on the provisions in effect as of November 26, 1996.
- (c) The accrued benefit based on the provisions in effect as of May 14, 1998.

Service Ratio

Years of service at the determination date divided by projected years of service at normal retirement date, not to exceed one.

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University Hospitals Health System, Inc. Retirement Plan  
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Normal Form of Benefit

A monthly annuity payable for the lifetime of the participant with 60 months of payments guaranteed. If the participant dies before 60 payments are made, payments will continue to the beneficiary until a total of 60 payments are made.

Optional Forms

Single life annuity;  
10- and 15-year certain and life annuity;  
50%, 75%, and 100% joint and survivor annuity;  
Lump sum.

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University Hospitals Health System, Inc. Retirement Plan  
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Comprehensive Health Care of Ohio, Inc. Retirement Plan (Elyria; Pre–April 1, 2015  
Accruals)

Effective Date

July 1, 1984.

Participant Eligibility

Hired prior to July 1, 2003. Benefits were frozen for specific participant groups at June 30, 2003 and December 31, 2009. Actives participants who were age 55 with 20 years of service at December 31, 2009 and elected to stay in the plan continue to accrue benefits.

Normal Retirement  
Eligibility

First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.

Benefit

The greater of (a), (b), and (c):

- (a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.
- (b) \$16.00 multiplied by benefit service up to a maximum of 25 years.
- (c) Accrued benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement  
Eligibility

Age 55 and five years of credited service.

Benefit

Accrued benefit actuarially reduced for commencement at early retirement date.

Disabled Retirement  
Eligibility

Ten years of credited service and termination of employment due to a permanent disability.

Benefit

Accrued benefit commencing on the first of the month following five months of disability.

Deferred Vested Retirement  
Eligibility

Five years of credited service.

Benefit

Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

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University Hospitals Health System, Inc. Retirement Plan  
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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination (or date of benefit freeze, if earlier), divided by 60. Eligible compensation generally is wages paid by the employer in addition to any section 125 plan, 401(k), or 403(b) plan contribution.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,800+            | 100%            |
| 1,640–1,799       | 90%             |
| 1,480–1,639       | 80%             |
| 1,320–1,479       | 70%             |
| 1,160–1,319       | 60%             |
| 1,000–1,159       | 50%             |
| 0–999             | 0%              |

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security normal retirement age. Frozen for some participants as of June 30, 2003 or December 31, 2009.

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University Hospitals Health System, Inc. Retirement Plan  
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Accrued Benefit

The normal retirement benefit multiplied by the credited service ratio. in determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

The accrued benefit is frozen for some participants as of June 30, 2003 or December 31, 2009.

Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

Normal Form of Payment

Single life annuity.

Optional Forms of Payment

50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity.

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University Hospitals Health System, Inc. Retirement Plan  
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Parma Community General Hospital—The Greater Cleveland Hospital Association  
Retirement Plan (Pre—April 1, 2015 Accruals)

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                         | July 1, 1984. Amended October 1, 2012.                                                                                                                                                                                                                                                                                                                                                                                      |
| Participant Eligibility                | Age 21 and one year of service. The plan was closed to new hires and benefits were frozen for most participants on April 1, 2008. Actives participants who had 60 points (age plus service) or 15 years of service as of April 1, 2008 continue to accrue benefits.                                                                                                                                                         |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                                                                                                                                                                                                                                                                          |
| Benefit                                | <p>The greater of (a), (b), and (c):</p> <p>(a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.</p> <p>(b) \$8.00 multiplied by benefit service up to a maximum of 25 years.</p> <p>(c) Accrued benefit under the plan provisions in effect as of June 30, 1989.</p> |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                                                                                                                                                                                                                                                                                  |
| Benefit                                | Accrued benefit actuarially reduced for commencement at early retirement date.                                                                                                                                                                                                                                                                                                                                              |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                                                                                                                                                                                                                                                                                  |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                                                                                                                                                                                                                                                                                   |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit                                | Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.                                                                                                                                                                                                                                                                                        |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination (or date of benefit freeze, if earlier), divided by 60.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,800+            | 100%            |
| 1,640–1,799       | 90%             |
| 1,480–1,639       | 80%             |
| 1,320–1,479       | 70%             |
| 1,160–1,319       | 60%             |
| 1,000–1,159       | 50%             |
| 0–999             | 0%              |

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security normal retirement age. Frozen for some participants as of April 1, 2008.

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University Hospitals Health System, Inc. Retirement Plan  
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Accrued Benefit

The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

The accrued benefit is frozen for some participants as of April 1, 2008.

Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

Normal Form of Payment

Single life annuity.

Optional Forms of Payments

50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum (if age 55 with at least 10 years of credited service).

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

On November 8, 2022, University Hospitals entered into a binding agreement to purchase a group annuity contract from Fidelity & Guaranty Life Insurance Company ("FGLIC"), irrevocably transferring the future benefit obligation and annuity administration for certain retirees to FGLIC. FGLIC is responsible for making payments to the participants on and after January 1, 2023.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the salary increase assumption to better reflect anticipated plan experience.
- A change in the retirement assumption for active and terminated vested participants to better reflect anticipated plan experience.
- A change in the withdrawal assumption for active participants to better reflect anticipated plan experience.
- A change in the optional payment form election percentages to better reflect anticipated plan experience.
- A change in the unlimited expected rate of return on assets from 6.25% to 7.00%.

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
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Schedule SB, line 26a—Schedule of Active Participant Data as of January 1, 2023

Number of Participants, Average Compensation and Average Cash Balance Account

| Attained Age | Years of Credited Service |                              |                               |                              |                              |                              |                              |                             |                             |                             |
|--------------|---------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
|              | <1                        | 1-4                          | 5-9                           | 10-14                        | 15-19                        | 20-24                        | 25-29                        | 30-34                       | 35-39                       | 40+                         |
| <25          | 19                        | 567<br>\$51,447<br>\$2,010   | 14                            |                              |                              |                              |                              |                             |                             |                             |
| 25-29        | 9                         | 1,598<br>\$60,846<br>\$3,384 | 545<br>\$67,115<br>\$8,157    | 8                            |                              |                              |                              |                             |                             |                             |
| 30-34        | 15                        | 1,317<br>\$68,114<br>\$3,934 | 1,299<br>\$74,365<br>\$10,872 | 291<br>\$75,919<br>\$17,401  | 21<br>\$75,391<br>\$14,512   |                              |                              |                             |                             |                             |
| 35-39        | 11                        | 1,019<br>\$92,265<br>\$5,737 | 1,099<br>\$96,218<br>\$15,155 | 693<br>\$88,245<br>\$21,728  | 239<br>\$84,914<br>\$19,320  | 13                           |                              |                             |                             |                             |
| 40-44        | 19                        | 734<br>\$89,346<br>\$6,214   | 830<br>\$98,918<br>\$17,113   | 532<br>\$103,393<br>\$26,835 | 419<br>\$97,491<br>\$24,771  | 158<br>\$84,263<br>\$21,351  | 9                            |                             |                             |                             |
| 45-49        | 23                        | 573<br>\$27,635<br>\$1,030   | 673<br>\$89,367<br>\$6,634    | 450<br>\$93,693<br>\$18,234  | 461<br>\$105,412<br>\$29,045 | 273<br>\$108,996<br>\$30,117 | 97<br>\$96,273<br>\$26,515   | 7<br>\$93,480<br>\$25,025   |                             |                             |
| 50-54        | 18                        | 534<br>\$85,172<br>\$6,758   | 609<br>\$94,170<br>\$18,572   | 511<br>\$108,200<br>\$31,215 | 429<br>\$115,492<br>\$34,170 | 307<br>\$105,635<br>\$30,281 | 205<br>\$99,695<br>\$30,764  | 108<br>\$99,148<br>\$34,309 | 4                           |                             |
| 55-59        | 18                        | 414<br>\$83,374<br>\$6,258   | 504<br>\$89,620<br>\$19,109   | 434<br>\$96,175<br>\$29,696  | 397<br>\$113,198<br>\$38,747 | 333<br>\$105,582<br>\$32,700 | 234<br>\$102,214<br>\$34,684 | 250<br>\$93,518<br>\$34,803 | 88<br>\$90,462<br>\$32,880  | 11                          |
| 60-64        | 10                        | 297<br>\$71,435<br>\$6,252   | 397<br>\$93,707<br>\$20,706   | 388<br>\$90,082<br>\$30,189  | 359<br>\$111,675<br>\$41,068 | 301<br>\$81,770<br>\$28,869  | 227<br>\$91,750<br>\$35,510  | 209<br>\$92,391<br>\$34,468 | 160<br>\$99,944<br>\$40,239 | 119<br>\$81,451<br>\$31,737 |
| 65-69        | 13                        | 116<br>\$82,070<br>\$7,208   | 161<br>\$82,993<br>\$20,028   | 173<br>\$102,972<br>\$38,222 | 146<br>\$108,136<br>\$42,838 | 112<br>\$80,207<br>\$28,617  | 66<br>\$101,618<br>\$38,975  | 66<br>\$90,058<br>\$33,727  | 41<br>\$96,546<br>\$39,857  | 71<br>\$82,955<br>\$30,142  |
| 70+          | 4                         | 47<br>\$90,091<br>\$10,949   | 47<br>\$116,061<br>\$37,875   | 53<br>\$96,487<br>\$48,911   | 71<br>\$133,653<br>\$65,824  | 31<br>\$59,753<br>\$24,983   | 21<br>\$81,101<br>\$30,732   | 30<br>\$61,244<br>\$23,197  | 11                          | 22<br>\$54,047<br>\$19,684  |

N-23.212

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

| <b>Plan Year</b> | <b>Active<br/>Participants</b> | <b>Terminated<br/>Vested<br/>Participants</b> | <b>Retired<br/>Participants and<br/>Beneficiaries<br/>Receiving<br/>Payments</b> | <b>Total</b> |
|------------------|--------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|--------------|
| 2023             | 53,448,036                     | 16,462,457                                    | 1,381,123                                                                        | 71,291,617   |
| 2024             | 41,619,666                     | 12,740,272                                    | 1,371,401                                                                        | 55,731,339   |
| 2025             | 40,079,684                     | 13,653,815                                    | 1,361,146                                                                        | 55,094,645   |
| 2026             | 40,733,125                     | 14,917,579                                    | 1,350,205                                                                        | 57,000,910   |
| 2027             | 40,018,164                     | 15,894,873                                    | 1,337,574                                                                        | 57,250,611   |
| 2028             | 40,414,368                     | 17,436,017                                    | 1,323,358                                                                        | 59,173,743   |
| 2029             | 40,850,749                     | 17,716,521                                    | 1,308,797                                                                        | 59,876,067   |
| 2030             | 40,568,329                     | 18,072,041                                    | 1,292,795                                                                        | 59,933,165   |
| 2031             | 39,999,311                     | 18,139,865                                    | 1,275,165                                                                        | 59,414,340   |
| 2032             | 38,783,306                     | 18,541,994                                    | 1,255,341                                                                        | 58,580,641   |
| 2033             | 38,298,163                     | 18,340,789                                    | 1,233,144                                                                        | 57,872,096   |
| 2034             | 37,939,676                     | 18,691,018                                    | 1,209,242                                                                        | 57,839,936   |
| 2035             | 37,301,777                     | 18,605,761                                    | 1,182,840                                                                        | 57,090,378   |
| 2036             | 37,642,594                     | 18,442,459                                    | 1,153,697                                                                        | 57,238,751   |
| 2037             | 35,923,761                     | 18,479,604                                    | 1,121,575                                                                        | 55,524,940   |
| 2038             | 35,622,196                     | 18,333,384                                    | 1,086,234                                                                        | 55,041,814   |
| 2039             | 34,618,888                     | 18,275,582                                    | 1,047,461                                                                        | 53,941,932   |
| 2040             | 34,894,996                     | 18,102,298                                    | 1,005,070                                                                        | 54,002,364   |
| 2041             | 33,532,829                     | 17,889,848                                    | 958,917                                                                          | 52,381,595   |
| 2042             | 33,006,658                     | 17,387,673                                    | 908,946                                                                          | 51,303,277   |
| 2043             | 32,396,788                     | 17,041,859                                    | 855,220                                                                          | 50,293,867   |
| 2044             | 32,240,712                     | 16,715,675                                    | 797,952                                                                          | 49,754,339   |
| 2045             | 31,242,600                     | 16,395,091                                    | 737,524                                                                          | 48,375,215   |
| 2046             | 29,798,959                     | 15,687,510                                    | 674,525                                                                          | 46,160,994   |
| 2047             | 29,355,938                     | 15,412,160                                    | 609,760                                                                          | 45,377,858   |
| 2048             | 27,338,116                     | 14,574,996                                    | 544,228                                                                          | 42,457,340   |
| 2049             | 25,133,091                     | 13,970,705                                    | 479,092                                                                          | 39,582,889   |
| 2050             | 23,765,156                     | 13,275,178                                    | 415,611                                                                          | 37,455,946   |
| 2051             | 21,733,577                     | 12,475,161                                    | 355,000                                                                          | 34,563,738   |
| 2052             | 19,858,161                     | 11,590,668                                    | 298,341                                                                          | 31,747,170   |
| 2053             | 18,072,463                     | 10,717,991                                    | 246,520                                                                          | 29,036,974   |
| 2054             | 16,289,586                     | 9,869,086                                     | 200,141                                                                          | 26,358,813   |
| 2055             | 14,638,246                     | 8,997,715                                     | 159,536                                                                          | 23,795,497   |
| 2056             | 12,841,115                     | 7,985,498                                     | 124,805                                                                          | 20,951,418   |
| 2057             | 11,202,124                     | 7,122,533                                     | 95,779                                                                           | 18,420,436   |
| 2058             | 9,609,433                      | 6,203,037                                     | 72,088                                                                           | 15,884,559   |
| 2059             | 8,098,419                      | 5,434,601                                     | 53,214                                                                           | 13,586,234   |
| 2060             | 6,968,619                      | 4,694,344                                     | 38,541                                                                           | 11,701,504   |
| 2061             | 6,000,664                      | 3,999,262                                     | 27,406                                                                           | 10,027,332   |
| 2062             | 5,192,758                      | 3,370,158                                     | 19,159                                                                           | 8,582,076    |
| 2063             | 4,546,179                      | 2,819,194                                     | 13,194                                                                           | 7,378,567    |
| 2064             | 3,982,156                      | 2,369,545                                     | 8,975                                                                            | 6,360,676    |
| 2065             | 3,481,971                      | 1,952,157                                     | 6,053                                                                            | 5,440,181    |
| 2066             | 3,033,091                      | 1,601,318                                     | 4,067                                                                            | 4,638,476    |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

| <b>Plan Year</b> | <b>Active<br/>Participants</b> | <b>Terminated<br/>Vested<br/>Participants</b> | <b>Retired<br/>Participants and<br/>Beneficiaries<br/>Receiving<br/>Payments</b> | <b>Total</b> |
|------------------|--------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|--------------|
| 2067             | 2,633,963                      | 1,295,191                                     | 2,739                                                                            | 3,931,893    |
| 2068             | 2,279,638                      | 1,070,660                                     | 1,860                                                                            | 3,352,158    |
| 2069             | 1,964,351                      | 889,089                                       | 1,283                                                                            | 2,854,723    |
| 2070             | 1,686,247                      | 733,017                                       | 902                                                                              | 2,420,166    |
| 2071             | 1,440,172                      | 607,512                                       | 648                                                                              | 2,048,332    |
| 2072             | 1,222,802                      | 501,554                                       | 476                                                                              | 1,724,832    |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Schedule SB, line 32—Schedule of Amortization Bases

| Type of<br>Base | Present Value<br>of Installment | Date<br>Established | Years<br>Remaining | Amortization<br>Installment |
|-----------------|---------------------------------|---------------------|--------------------|-----------------------------|
| Shortfall       | \$ 55,393,716                   | January 1, 2020     | 12                 | \$ 5,939,005                |
| Shortfall       | \$ (9,436,999)                  | January 1, 2021     | 13                 | \$ (954,781)                |
| Shortfall       | \$ (45,245,961)                 | January 1, 2022     | 14                 | \$ (4,344,615)              |
| Shortfall       | \$ 41,296,376                   | January 1, 2023     | 15                 | \$ 3,781,951                |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2023

| <b>Date</b>        | <b>Amount</b> | <b>Days to<br/>Discount to<br/>1/1/2023 at<br/>5.28%</b> | <b>Interest<br/>Adjusted<br/>Contribution</b> |
|--------------------|---------------|----------------------------------------------------------|-----------------------------------------------|
| July 12, 2024      | \$ 5,700,000  | 558                                                      | \$ 5,269,210                                  |
| September 12, 2024 | 17,800,000    | 620                                                      | 16,311,927                                    |
| Total Contribution | \$ 23,500,000 |                                                          | \$ 21,581,137                                 |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

| (a)<br>Age       | (b)<br>Rate | (c)<br>Weight | (d)<br>Product<br>(a) × (b) × (c) |
|------------------|-------------|---------------|-----------------------------------|
| 55               | 6.00%       | 1.0000        | 3.30                              |
| 56               | 6.00%       | 0.9400        | 3.16                              |
| 57               | 6.00%       | 0.8836        | 3.02                              |
| 58               | 6.00%       | 0.8306        | 2.89                              |
| 59               | 6.00%       | 0.7807        | 2.76                              |
| 60               | 7.00%       | 0.7339        | 3.08                              |
| 61               | 7.00%       | 0.6825        | 2.91                              |
| 62               | 10.00%      | 0.6348        | 3.94                              |
| 63               | 10.00%      | 0.5713        | 3.60                              |
| 64               | 15.00%      | 0.5142        | 4.94                              |
| 65               | 26.00%      | 0.4370        | 7.39                              |
| 66               | 26.00%      | 0.3234        | 5.55                              |
| 67               | 20.00%      | 0.2393        | 3.21                              |
| 68               | 20.00%      | 0.1915        | 2.60                              |
| 69               | 20.00%      | 0.1532        | 2.11                              |
| 70               | 100.00%     | 0.1225        | 8.58                              |
| Weighted Average |             |               | 63.04                             |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Schedule SB, line 26b—Schedule Projection of Expected Benefit Payments

| <b>Plan Year</b> | <b>Active<br/>Participants</b> | <b>Terminated<br/>Vested<br/>Participants</b> | <b>Retired<br/>Participants and<br/>Beneficiaries<br/>Receiving<br/>Payments</b> | <b>Total</b> |
|------------------|--------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|--------------|
| 2023             | 53,448,036                     | 16,462,457                                    | 1,381,123                                                                        | 71,291,617   |
| 2024             | 41,619,666                     | 12,740,272                                    | 1,371,401                                                                        | 55,731,339   |
| 2025             | 40,079,684                     | 13,653,815                                    | 1,361,146                                                                        | 55,094,645   |
| 2026             | 40,733,125                     | 14,917,579                                    | 1,350,205                                                                        | 57,000,910   |
| 2027             | 40,018,164                     | 15,894,873                                    | 1,337,574                                                                        | 57,250,611   |
| 2028             | 40,414,368                     | 17,436,017                                    | 1,323,358                                                                        | 59,173,743   |
| 2029             | 40,850,749                     | 17,716,521                                    | 1,308,797                                                                        | 59,876,067   |
| 2030             | 40,568,329                     | 18,072,041                                    | 1,292,795                                                                        | 59,933,165   |
| 2031             | 39,999,311                     | 18,139,865                                    | 1,275,165                                                                        | 59,414,340   |
| 2032             | 38,783,306                     | 18,541,994                                    | 1,255,341                                                                        | 58,580,641   |
| 2033             | 38,298,163                     | 18,340,789                                    | 1,233,144                                                                        | 57,872,096   |
| 2034             | 37,939,676                     | 18,691,018                                    | 1,209,242                                                                        | 57,839,936   |
| 2035             | 37,301,777                     | 18,605,761                                    | 1,182,840                                                                        | 57,090,378   |
| 2036             | 37,642,594                     | 18,442,459                                    | 1,153,697                                                                        | 57,238,751   |
| 2037             | 35,923,761                     | 18,479,604                                    | 1,121,575                                                                        | 55,524,940   |
| 2038             | 35,622,196                     | 18,333,384                                    | 1,086,234                                                                        | 55,041,814   |
| 2039             | 34,618,888                     | 18,275,582                                    | 1,047,461                                                                        | 53,941,932   |
| 2040             | 34,894,996                     | 18,102,298                                    | 1,005,070                                                                        | 54,002,364   |
| 2041             | 33,532,829                     | 17,889,848                                    | 958,917                                                                          | 52,381,595   |
| 2042             | 33,006,658                     | 17,387,673                                    | 908,946                                                                          | 51,303,277   |
| 2043             | 32,396,788                     | 17,041,859                                    | 855,220                                                                          | 50,293,867   |
| 2044             | 32,240,712                     | 16,715,675                                    | 797,952                                                                          | 49,754,339   |
| 2045             | 31,242,600                     | 16,395,091                                    | 737,524                                                                          | 48,375,215   |
| 2046             | 29,798,959                     | 15,687,510                                    | 674,525                                                                          | 46,160,994   |
| 2047             | 29,355,938                     | 15,412,160                                    | 609,760                                                                          | 45,377,858   |
| 2048             | 27,338,116                     | 14,574,996                                    | 544,228                                                                          | 42,457,340   |
| 2049             | 25,133,091                     | 13,970,705                                    | 479,092                                                                          | 39,582,889   |
| 2050             | 23,765,156                     | 13,275,178                                    | 415,611                                                                          | 37,455,946   |
| 2051             | 21,733,577                     | 12,475,161                                    | 355,000                                                                          | 34,563,738   |
| 2052             | 19,858,161                     | 11,590,668                                    | 298,341                                                                          | 31,747,170   |
| 2053             | 18,072,463                     | 10,717,991                                    | 246,520                                                                          | 29,036,974   |
| 2054             | 16,289,586                     | 9,869,086                                     | 200,141                                                                          | 26,358,813   |
| 2055             | 14,638,246                     | 8,997,715                                     | 159,536                                                                          | 23,795,497   |
| 2056             | 12,841,115                     | 7,985,498                                     | 124,805                                                                          | 20,951,418   |
| 2057             | 11,202,124                     | 7,122,533                                     | 95,779                                                                           | 18,420,436   |
| 2058             | 9,609,433                      | 6,203,037                                     | 72,088                                                                           | 15,884,559   |
| 2059             | 8,098,419                      | 5,434,601                                     | 53,214                                                                           | 13,586,234   |
| 2060             | 6,968,619                      | 4,694,344                                     | 38,541                                                                           | 11,701,504   |
| 2061             | 6,000,664                      | 3,999,262                                     | 27,406                                                                           | 10,027,332   |
| 2062             | 5,192,758                      | 3,370,158                                     | 19,159                                                                           | 8,582,076    |
| 2063             | 4,546,179                      | 2,819,194                                     | 13,194                                                                           | 7,378,567    |
| 2064             | 3,982,156                      | 2,369,545                                     | 8,975                                                                            | 6,360,676    |
| 2065             | 3,481,971                      | 1,952,157                                     | 6,053                                                                            | 5,440,181    |
| 2066             | 3,033,091                      | 1,601,318                                     | 4,067                                                                            | 4,638,476    |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
 University Hospitals Health System, Inc. Retirement Plan  
 EIN: 34-0714775 PN: 333

| <b>Plan Year</b> | <b>Active<br/>Participants</b> | <b>Terminated<br/>Vested<br/>Participants</b> | <b>Retired<br/>Participants and<br/>Beneficiaries<br/>Receiving<br/>Payments</b> | <b>Total</b> |
|------------------|--------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------|--------------|
| 2067             | 2,633,963                      | 1,295,191                                     | 2,739                                                                            | 3,931,893    |
| 2068             | 2,279,638                      | 1,070,660                                     | 1,860                                                                            | 3,352,158    |
| 2069             | 1,964,351                      | 889,089                                       | 1,283                                                                            | 2,854,723    |
| 2070             | 1,686,247                      | 733,017                                       | 902                                                                              | 2,420,166    |
| 2071             | 1,440,172                      | 607,512                                       | 648                                                                              | 2,048,332    |
| 2072             | 1,222,802                      | 501,554                                       | 476                                                                              | 1,724,832    |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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Schedule SB, Part V—Summary of Plan Provisions

Cash Balance Provisions for All Plan Participants Effective April 1, 2015

|                                        |                                                                                                                                                                                                                                      |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Eligibility                            | Attainment of age 21 and completion of 1,000 hours of service.                                                                                                                                                                       |
| Accrued Benefit                        | The monthly benefit derived from the cash balance account, based on pay credits and interest credits.                                                                                                                                |
| Normal Retirement Benefit              |                                                                                                                                                                                                                                      |
| Normal Retirement Date                 | Age 65.                                                                                                                                                                                                                              |
| Benefit                                | Accrued benefit.                                                                                                                                                                                                                     |
| Vested Termination Benefit             |                                                                                                                                                                                                                                      |
| Eligibility                            | Three years of credited service.                                                                                                                                                                                                     |
| Benefit                                | Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement. |
| Preretirement Surviving Spouse Benefit |                                                                                                                                                                                                                                      |
| Eligibility                            | Any participant eligible for a vested retirement benefit.                                                                                                                                                                            |
| Benefit                                | 50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.                                                                    |
| Definitions                            |                                                                                                                                                                                                                                      |
| Actuarial Equivalence                  | For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).                                                                                           |
| Pay Credits                            | Credited annually based on the following table:                                                                                                                                                                                      |

| Age + Service Points | Percent of Compensation |
|----------------------|-------------------------|
| Less than 40         | 3.0%                    |
| 40 to 49             | 3.5%                    |
| 50 to 59             | 4.0%                    |
| 60 to 69             | 4.5%                    |
| 70 to 79             | 5.0%                    |
| 80 or Greater        | 6.0%                    |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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|                          |                                                                                                                                                                |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest Credits         | Credited quarterly based on the average yield on 10-year Treasury Constant Maturities for the second month prior to the quarter, with a minimum rate of 1.95%. |
| Normal Form of Payment   | Single life annuity.                                                                                                                                           |
| Optimal Forms of Payment | 50%, 66⅔%, 75%, and 100% joint and survivor annuity;<br>5- and 10-year certain and life annuity;<br>Lump sum.                                                  |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
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UHC Non-Cash Balance Participants (Pre–April 1, 2015 Accruals)

|                                        |                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                         | As amended and restated effective July 1, 2001.                                                                                                                                                                                                                                                                                          |
| Participant Eligibility                | Age 21 and one year of credited service. Hired prior to January 1, 2009.                                                                                                                                                                                                                                                                 |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                                                                                                                                                                                       |
| Benefit                                | <p>The greater of (a) and (b):</p> <p>(a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.</p> <p>(b) Accrued benefit under the plan provisions in effect as of June 30, 1989.</p> |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                                                                                                                                                                                               |
| Benefit                                | <p>Accrued benefit actuarially reduced for commencement at early retirement date.</p> <p>Participants who are 55 or older with at least 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.</p>                                                    |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                                                                                                                                                                                               |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                                                                                                                                                                                                |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                                                                                                                                                                                          |
| Benefit                                | Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.                                                                                                                                                                                                     |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 60.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service<sup>1</sup>

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,800+            | 12 months       |
| 1,640–1,799       | 10 months       |
| 1,480–1,639       | 9 months        |
| 1,320–1,479       | 8 months        |
| 1,160–1,319       | 7 months        |
| 1,000–1,159       | 6 months        |
| 0–999             | 0 months        |

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year of termination.

<sup>1</sup> Calculation for credited service and benefit service begins on January 1, 1988, for employees of Home Care Inc. and Health Care, Inc.

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Accrued Benefit

The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

Normal Form of Payment

Single life annuity.

Optional Forms of Payment

50%, 66⅔%, 75%, and 100% joint and survivor annuity;  
5- and 10-year certain and life annuity;  
Lump sum.

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Cash Balance Participants (Pre–April 1, 2015 Accruals)

| Eligibility                            | Attainment of age 21 and completion of 1,000 hours of service. Hired or rehired on or after January 1, 2009 (including UHMG employees who reentered the UHHS controlled group on January 1, 2011).                                   |                           |                         |             |      |              |      |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|-------------|------|--------------|------|
| Accrued Benefit                        | The monthly benefit derived from the cash balance account, based on pay credits and interest credits.                                                                                                                                |                           |                         |             |      |              |      |
| Normal Retirement Benefit              |                                                                                                                                                                                                                                      |                           |                         |             |      |              |      |
| Normal Retirement Date                 | Age 65.                                                                                                                                                                                                                              |                           |                         |             |      |              |      |
| Benefit                                | Accrued benefit.                                                                                                                                                                                                                     |                           |                         |             |      |              |      |
| Vested Termination Benefit             |                                                                                                                                                                                                                                      |                           |                         |             |      |              |      |
| Eligibility                            | Three years of credited service.                                                                                                                                                                                                     |                           |                         |             |      |              |      |
| Benefit                                | Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement. |                           |                         |             |      |              |      |
| Preretirement Surviving Spouse Benefit |                                                                                                                                                                                                                                      |                           |                         |             |      |              |      |
| Eligibility                            | Any participant eligible for a vested retirement benefit.                                                                                                                                                                            |                           |                         |             |      |              |      |
| Benefit                                | 50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.                                                                    |                           |                         |             |      |              |      |
| Definitions                            |                                                                                                                                                                                                                                      |                           |                         |             |      |              |      |
| Actuarial Equivalence                  | For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).                                                                                           |                           |                         |             |      |              |      |
| Pay Credits                            | Credited annually based on the following table:                                                                                                                                                                                      |                           |                         |             |      |              |      |
|                                        | <table><tr><th>Years of Credited Service</th><th>Percent of Compensation</th></tr><tr><td>Less than 5</td><td>3.0%</td></tr><tr><td>5 or Greater</td><td>3.5%</td></tr></table>                                                      | Years of Credited Service | Percent of Compensation | Less than 5 | 3.0% | 5 or Greater | 3.5% |
| Years of Credited Service              | Percent of Compensation                                                                                                                                                                                                              |                           |                         |             |      |              |      |
| Less than 5                            | 3.0%                                                                                                                                                                                                                                 |                           |                         |             |      |              |      |
| 5 or Greater                           | 3.5%                                                                                                                                                                                                                                 |                           |                         |             |      |              |      |
| Interest Credits                       | Credited quarterly based on the average yield on 10-year Treasury Constant Maturities for the second month prior to the quarter.                                                                                                     |                           |                         |             |      |              |      |

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Normal Form of Payment

Single life annuity.

Optimal Forms of Payment

50%, 66 $\frac{2}{3}$ %, 75%, and 100% joint and survivor annuity;  
5- and 10-year certain and life annuity;  
Lump sum.

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Bedford Medical Center (Pre–June 1, 2004 Accruals)

|                                        |                                                                                                                                                                   |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participant Eligibility                | Age 21 and one year of credited service.                                                                                                                          |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                |
| Benefit                                | \$20 times years of benefit service at normal retirement date, with maximum of 30 years.                                                                          |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                        |
| Benefit                                | Accrued benefit actuarially reduced for commencement prior to normal retirement date.                                                                             |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                        |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                         |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                   |
| Benefit                                | Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.                              |
| Survivor Benefit Eligibility           | Any participant eligible for a vested retirement benefit.                                                                                                         |
| Benefit                                | 50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age. |
| Definitions                            |                                                                                                                                                                   |
| Compensated Hours                      | Hours of service for which a participant was compensated.                                                                                                         |
| Noncompensated Hours                   | Hours of service for which participant was scheduled to work, but did not and was not compensated.                                                                |

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Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,950+            | 12 months       |
| 1,725–1,949       | 10 months       |
| 1,500–1,724       | 9 months        |
| 1,275–1,499       | 8 months        |
| 1,050–1,274       | 7 months        |
| 832–1,049         | 6 months        |
| 0–831             | 0 months        |

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 832 hours.

June 1, 2004 Benefit Changes

Benefits for Bedford participants who moved to the UHC benefit structure on June 1, 2004 equal the greater of (a) and (b):

- (a) The accrued benefit determined under the Bedford formula as of May 31, 2004, plus the benefit determined under the UHC formula for service after May 31, 2004.
- (b) The benefit determined under the Bedford formula for all service.

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Geauga Regional Hospital (Pre–June 1, 2004 Accruals)

|                                        |                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participant Eligibility                | Age 21 and one year of credited service.                                                                                                                                                                                                                                                                                                                       |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                                                                                                                                                                                                             |
| Benefit                                | <p>The greater of (a) and (b):</p> <p>(a) 1.20% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.</p> <p>(b) Accrued normal retirement benefit under the plan provisions in effect as of June 30, 1989.</p>     |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                                                                                                                                                                                                                     |
| Benefit                                | <p>Accrued benefit actuarially reduced for commencement at early retirement date. Actuarial reduction is waived for employees retiring at or after age 62.</p> <p>Participants who are 55 or older with at least 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.</p> |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                                                                                                                                                                                                                     |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                                                                                                                                                                                                                      |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                                                                                                                                                                                                                |
| Benefit                                | Accrued normal retirement benefit commencing at normal retirement date or the actuarially reduced accrued normal retirement benefit commencing at early retirement date.                                                                                                                                                                                       |

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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the three highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 36.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,800+            | 12 months       |
| 1,640–1,799       | 10 months       |
| 1,480–1,639       | 9 months        |
| 1,320–1,479       | 8 months        |
| 1,160–1,319       | 7 months        |
| 1,000–1,159       | 6 months        |
| 0–999             | 0 months        |

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

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June 1, 2004 Benefit Changes

Benefits for Geauga participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (a) and (b):

- (a) The benefit determined under the Geauga formula, based on service as of May 31, 2004; and
- (b) The benefit determined under the UHC formula, based on service after May 31, 2004.

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Heather Hill Hospital (Pre–June 1, 2004 Accruals)

|                                        |                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participant Eligibility                | Age 21 and one year of credited service.                                                                                                                                                                                                                                                                                          |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                                                                                                                                                                                |
| Benefit                                | The greater of (a) and (b):<br><br>(a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.<br><br>(b) Accrued benefit under the plan provisions in effect as of June 30, 1989. |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                                                                                                                                                                                        |
| Benefit                                | Accrued benefit actuarially reduced for commencement at early retirement date.                                                                                                                                                                                                                                                    |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                                                                                                                                                                                        |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                                                                                                                                                                                         |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                                                                                                                                                                                   |
| Benefit                                | Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.                                                                                                                                                                                              |
| Survivor Benefit Eligibility           | Any participant eligible for a vested retirement benefit.                                                                                                                                                                                                                                                                         |
| Benefit                                | 50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.                                                                                                                                                                 |

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Definitions

**Average Monthly Compensation** The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 60.

**Compensated Hours** Hours of service for which a participant was compensated.

**Noncompensated Hours** Hours of service for which participant was scheduled to work, but did not and was not compensated.

**Credited Service** One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

**Benefit Service** Determined according to the following schedule based on compensated hours of service in a calendar year:

| <b>Compensated Hours</b> | <b>Benefit Service</b> |
|--------------------------|------------------------|
| 1,800+                   | 12 months              |
| 1,640–1,799              | 10 months              |
| 1,480–1,639              | 9 months               |
| 1,320–1,479              | 8 months               |
| 1,160–1,319              | 7 months               |
| 1,000–1,159              | 6 months               |
| 0–999                    | 0 months               |

**Social Security Covered Compensation** The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.

**Accrued Benefit** The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

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Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

June 1, 2004 Benefit Changes

Benefits for Heather Hill participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (a) and (b), divided by projected benefit service (up to 25 years):

- (a) The benefit determined under the Heather Hill formula, based on all service, multiplied by benefit service earned through May 31, 2004; and
- (b) The benefit determined under the UHC formula, based on all service, multiplied by benefit service earned after May 31, 2004.

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University MEDNET (Pre–April 1, 2015 Accruals)

|                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participant Eligibility       | One year of service with at least 1,000 hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Normal Retirement Eligibility | First day of the month on or after attaining age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Benefit                       | <p>The sum of (a), (b), (c), and (d) below:</p> <p>(a) The greater of (1) and (2) below:</p> <p>(1) 1% of past service compensation plus 0.8% of past service compensation in excess of 8,400;</p> <p>Times</p> <p>Service to December 31, 1978.</p> <p>(2) The benefit accrued to December 31, 1978, under the prior plan.</p> <p>(b) For each calendar year of service beginning with 1979 and before 1988, 1% of compensation plus 1% of compensation in excess of \$20,000.</p> <p>(c) For calendar year of service in 1988, 1.25% of compensation up to 50% of the Social Security wage base and 2% of compensation above 50% of the Social Security wage base.</p> <p>(d) For each calendar year of service beginning with 1989, 1.309% of compensation up to the greater of \$10,000 or 50% of the Social Security covered compensation for individuals retiring in the calculation year and 1.941% of compensation above the greater of \$10,000 or 50% of the Social Security covered compensation. After 35 years of service, the annual incremental accrued benefit becomes, for each calendar year of service, 1.745% of compensation.</p> |
| Early Retirement Eligibility  | Age 55 and 10 years of vesting service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Benefit                       | Accrued benefit reduced 1/15 for each year between ages 60 and 65 and 1/30 for each year between ages 55 and 60 for commencement at early retirement date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

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Participants aged 55 with 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Disabled Retirement

Eligibility

Five years of vesting service and termination of employment due to a permanent disability.

Benefit

Reduced early retirement benefit commencing on the first of the month following disability.

Deferred Vested Retirement

Eligibility

Five years of vesting service.

Benefit

Accrued benefit commencing at normal retirement date or the reduced accrued benefit commencing at early retirement date.

Employees who became participants prior to January 1, 1996, may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's W-2 compensation and sections 401(k), 403(b), and 125 compensation.

Past Service Compensation

The lesser of (a) and (b) below:

- (a) The greater of compensation during 1978, or the average of the compensation for the period January 1, 1974, through December 31, 1978.
- (b) The average of the five highest consecutive calendar years of compensation prior to termination of employment.

Service

One year is credited for each calendar year in which a participant worked at least 1,000 hours. Partial service is credited in year of termination.

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Vesting Service

One year is credited for each calendar year in which a participant worked at least 1,000 hours.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year of termination for a participant who attained Social Security retirement age during the year.

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Conneaut Pension Plan (Pre–April 1, 2015 Accruals)

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                 | As amended and restated effective January 1, 1989.                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Participation Date             | January 1 or July 1 following the participant's twenty-first birthday and the completion of one qualifying year of service. Hired prior to January 1, 2009.                                                                                                                                                                                                                                                                                                                                 |
| Normal Retirement Eligibility  | First day of the month on or after the later of the participant's sixty-fifth birthday and the fifth anniversary of participation in the plan.                                                                                                                                                                                                                                                                                                                                              |
| Benefit                        | <p>The greatest of (a), (b), and (c):</p> <ul style="list-style-type: none"><li>(a) 1.10% of average monthly compensation, plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by years of service up to a maximum of 30 years.</li><li>(b) The accrued benefit under the plan provisions in effect as of November 26, 1996.</li><li>(c) The accrued benefit under the plan provisions in effect as of May 14, 1998.</li></ul> |
| Early Retirement Eligibility   | Age 55 and 10 years of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit                        | <p>Accrued benefit actuarially reduced for commencement at the early retirement date.</p> <p>Minimum early retirement factors apply to the November 26, 1996 minimum accrued benefit. The reduction applied to this minimum benefit is 0.5% for each of the first 60 months and 0.4% for each of the next 60 months.</p>                                                                                                                                                                    |
| Delayed Retirement Eligibility | <p>The participant continues to work past the normal retirement date.</p> <p>Benefits shall not commence until the participant actually terminates employment.</p>                                                                                                                                                                                                                                                                                                                          |

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|                                           |                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Benefit                                   | The greater of (a) and (b):<br><br>(a) The benefit based on compensation and years of service at the date of termination.<br><br>(b) The accrued benefit on the normal retirement date increased by $\frac{1}{2}$ of 1% for each month by which the actual retirement date is later than the normal retirement date. |
| Disabled Retirement<br>Eligibility        | Termination due to total and permanent disability.                                                                                                                                                                                                                                                                   |
| Benefit                                   | Accrued benefit as of the date of disability commencing on the normal retirement date. The participant may elect to receive a reduced benefit following six months of disability. The reduced benefit is the actuarial equivalent of the normal retirement benefit.                                                  |
| Deferred Vested Retirement<br>Eligibility | Five years of service.                                                                                                                                                                                                                                                                                               |
| Benefit                                   | Accrued benefit as of the date of termination commencing at the normal retirement date.<br><br>A participant who has completed 10 years of service at termination may elect to commence benefit payments at the early retirement date.                                                                               |
| Lump Sum Benefit<br>Eligibility           | Any participant eligible for a vested retirement benefit.                                                                                                                                                                                                                                                            |
| Benefit                                   | Participant may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.                                                                                                                                                                                    |
| Survivor Benefit<br>Eligibility           | Any participant eligible for a vested retirement benefit.                                                                                                                                                                                                                                                            |
| Benefit                                   | 50% of the participant's accrued benefit reduced for both joint and 50% survivor benefit form and early receipt of benefits. The benefit is payable at the participant's earliest retirement age.                                                                                                                    |

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Definitions

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Average Monthly Compensation         | <p>The sum of a participant's compensation during the five highest consecutive calendar years out of the last 10 years prior to the date of termination, divided by 60.</p> <p>If the participant has been employed for less than 60 months, the average monthly compensation is the sum of the participant's total compensation divided by the number of complete months the participant had worked prior to the date of termination.</p>                                                                                                                                                 |
| Compensation                         | <p>The participants' wages during the year. Compensation includes deferred compensation under Code sections 125 and 403(b).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Year of Service                      | <p>For vesting and benefit accrual purposes, a year of service is credited for each calendar year in which a participant completes 1,000 hours of service.</p>                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Social Security Covered Compensation | <p>The average of the maximum taxable wage bases for the 35 calendar years ending with the last day of the calendar year in which the participant attains Social Security retirement age. In calculating an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.</p>                                                                                                                                                                                                                                              |
| Accrued Benefit                      | <p>The accrued benefit is the greatest of (a), (b) and (c):</p> <ul style="list-style-type: none"><li>(a) The normal retirement benefit multiplied by the service ratio. In determining the normal retirement benefit, years of service is computed as the sum of years of service at the determination date and the number of years from the determination date to the normal retirement date.</li><li>(b) The accrued benefit based on the provisions in effect as of November 26, 1996.</li><li>(c) The accrued benefit based on the provisions in effect as of May 14, 1998.</li></ul> |
| Service Ratio                        | <p>Years of service at the determination date divided by projected years of service at normal retirement date, not to exceed one.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

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Normal Form of Benefit

A monthly annuity payable for the lifetime of the participant with 60 months of payments guaranteed. If the participant dies before 60 payments are made, payments will continue to the beneficiary until a total of 60 payments are made.

Optional Forms

Single life annuity;  
10- and 15-year certain and life annuity;  
50%, 75%, and 100% joint and survivor annuity;  
Lump sum.

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Comprehensive Health Care of Ohio, Inc. Retirement Plan (Elyria; Pre–April 1, 2015  
Accruals)

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                         | July 1, 1984.                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Participant Eligibility                | Hired prior to July 1, 2003. Benefits were frozen for specific participant groups at June 30, 2003 and December 31, 2009. Actives participants who were age 55 with 20 years of service at December 31, 2009 and elected to stay in the plan continue to accrue benefits.                                                                                                                                                                                               |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                                                                                                                                                                                                                                                                                                                      |
| Benefit                                | <p>The greater of (a), (b), and (c):</p> <ul style="list-style-type: none"><li>(a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.</li><li>(b) \$16.00 multiplied by benefit service up to a maximum of 25 years.</li><li>(c) Accrued benefit under the plan provisions in effect as of June 30, 1989.</li></ul> |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit                                | Accrued benefit actuarially reduced for commencement at early retirement date.                                                                                                                                                                                                                                                                                                                                                                                          |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                                                                                                                                                                                                                                                                                                                              |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                                                                                                                                                                                                                                                                                                                               |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Benefit                                | Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.                                                                                                                                                                                                                                                                                                                                    |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination (or date of benefit freeze, if earlier), divided by 60. Eligible compensation generally is wages paid by the employer in addition to any section 125 plan, 401(k), or 403(b) plan contribution.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,800+            | 100%            |
| 1,640–1,799       | 90%             |
| 1,480–1,639       | 80%             |
| 1,320–1,479       | 70%             |
| 1,160–1,319       | 60%             |
| 1,000–1,159       | 50%             |
| 0–999             | 0%              |

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security normal retirement age. Frozen for some participants as of June 30, 2003 or December 31, 2009.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Accrued Benefit

The normal retirement benefit multiplied by the credited service ratio. in determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

The accrued benefit is frozen for some participants as of June 30, 2003 or December 31, 2009.

Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

Normal Form of Payment

Single life annuity.

Optional Forms of Payment

50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Parma Community General Hospital—The Greater Cleveland Hospital Association  
Retirement Plan (Pre—April 1, 2015 Accruals)

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                         | July 1, 1984. Amended October 1, 2012.                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Participant Eligibility                | Age 21 and one year of service. The plan was closed to new hires and benefits were frozen for most participants on April 1, 2008. Actives participants who had 60 points (age plus service) or 15 years of service as of April 1, 2008 continue to accrue benefits.                                                                                                                                                                                                    |
| Normal Retirement Eligibility          | First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.                                                                                                                                                                                                                                                                                                                     |
| Benefit                                | <p>The greater of (a), (b), and (c):</p> <ul style="list-style-type: none"><li>(a) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.</li><li>(b) \$8.00 multiplied by benefit service up to a maximum of 25 years.</li><li>(c) Accrued benefit under the plan provisions in effect as of June 30, 1989.</li></ul> |
| Early Retirement Eligibility           | Age 55 and five years of credited service.                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit                                | Accrued benefit actuarially reduced for commencement at early retirement date.                                                                                                                                                                                                                                                                                                                                                                                         |
| Disabled Retirement Eligibility        | Ten years of credited service and termination of employment due to a permanent disability.                                                                                                                                                                                                                                                                                                                                                                             |
| Benefit                                | Accrued benefit commencing on the first of the month following five months of disability.                                                                                                                                                                                                                                                                                                                                                                              |
| Deferred Vested Retirement Eligibility | Five years of credited service.                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Benefit                                | Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.                                                                                                                                                                                                                                                                                                                                   |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit

50% of the participant's accrued benefit reduced for both joint and 50% survivor form and early receipt and payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination (or date of benefit freeze, if earlier), divided by 60.

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

Hours of service for which participant was scheduled to work, but did not and was not compensated.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.

Benefit Service

Determined according to the following schedule based on compensated hours of service in a calendar year:

| Compensated Hours | Benefit Service |
|-------------------|-----------------|
| 1,800+            | 100%            |
| 1,640–1,799       | 90%             |
| 1,480–1,639       | 80%             |
| 1,320–1,479       | 70%             |
| 1,160–1,319       | 60%             |
| 1,000–1,159       | 50%             |
| 0–999             | 0%              |

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year that a participant attains Social Security normal retirement age. Frozen for some participants as of April 1, 2008.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Accrued Benefit

The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:

- (a) Benefit service at determination date; and
- (b) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

The accrued benefit is frozen for some participants as of April 1, 2008.

Credited Service Ratio

The numerator equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to normal retirement age.

Normal Form of Payment

Single life annuity.

Optional Forms of Payments

50%, 66⅔%, 75%, and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum (if age 55 with at least 10 years of credited service).

## Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

On November 8, 2022, University Hospitals entered into a binding agreement to purchase a group annuity contract from Fidelity & Guaranty Life Insurance Company ("FGLIC"), irrevocably transferring the future benefit obligation and annuity administration for certain retirees to FGLIC. FGLIC is responsible for making payments to the participants on and after January 1, 2023.

## Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

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

December 31, 2023

| (a) | (b)                                                   | (c)                                                                               | (d)         | (e)           |
|-----|-------------------------------------------------------|-----------------------------------------------------------------------------------|-------------|---------------|
|     | Identity of issue, borrower, lessor, or similar party | Description of investment, including par or maturity collateral, or maturity date | Cost        | Current value |
|     | Cash and cash equivalents:                            |                                                                                   |             |               |
| *   | Government Stif 15                                    | 8,458,859 units                                                                   | 8,458,859   | 8,458,859     |
|     | Total cash and cash equivalents                       |                                                                                   | 8,458,859   | 8,458,859     |
|     | Mutual and exchange-traded funds:                     |                                                                                   |             |               |
|     | ARTISAN INTL VAL-INST                                 | 286,259 shares                                                                    | 12,579,168  | 13,156,443    |
| *   | BNYM-M DB SL AGGREGATE BIF                            | 109,407 shares                                                                    | 54,379,294  | 59,042,702    |
|     | JOHCM INTERNATIONAL SEL-INST                          | 498,513 shares                                                                    | 15,452,725  | 11,555,524    |
|     | PIMCO INV GRD CRD BND-INST                            | 1,028,216 shares                                                                  | 10,354,456  | 9,243,661     |
|     | PIMCO LNG DUR TTL RTRN-INST                           | 2,433,099 shares                                                                  | 26,381,001  | 18,004,929    |
|     | PIMCO LNG-TRM CRDT BND-INS                            | 4,630,726 shares                                                                  | 59,186,256  | 42,324,840    |
|     | Total mutual and exchange-traded funds                |                                                                                   | 178,332,900 | 153,328,099   |
|     | Common/collective trusts:                             |                                                                                   |             |               |
|     | BLACKROCK US DEBT INDEX FUND B                        | 11,994,024 shares                                                                 | 16,330,924  | 11,994,024    |
| *   | BNYM-M DB SL BROAD MKT SIF                            | 137,312 shares                                                                    | 72,000,000  | 83,251,149    |
| *   | BNYM-M DB SL EM SIF                                   | 178,306 shares                                                                    | 27,000,000  | 30,168,485    |
|     | DE SHAW WORLD ALPHA EXT FUND                          | 47,248,718 shares                                                                 | 50,000,000  | 47,248,718    |
|     | HARDMAN JOHNSTON INTL EQ FD II                        | 9,468,514 shares                                                                  | 12,037,882  | 9,468,514     |
|     | LGIMA LONG DURATION US CREDIT                         | 37,365,448 shares                                                                 | 42,770,897  | 37,365,448    |
|     | LOOMIS HIGH YIELD FULL DESCRET                        | 859,890 shares                                                                    | 15,854,452  | 22,589,318    |
|     | WCM FOCUSED INTL GROWTH FUND                          | 10,809,461 shares                                                                 | 6,763,996   | 10,809,461    |
|     | WELLINGTON CHINA SELECT                               | 8,429,820 shares                                                                  | 17,000,000  | 8,429,820     |
|     | WELLINGTON CIF II GLOBAL                              | 3,397,983 shares                                                                  | 50,664,334  | 58,377,350    |
|     | WELLS CAPITAL CEF                                     | 79,094 shares                                                                     | 6,856,409   | 10,383,693    |
|     | WTC CIF SM CAP 2000                                   | 485,034 shares                                                                    | 3,409,417   | 11,068,473    |
|     | Total common/collective trusts                        |                                                                                   | 320,688,311 | 341,154,453   |

\* Party-in-interest as defined by ERISA.

**UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.  
RETIREMENT PLAN**

EIN: 34-0714775

Plan Number: 333

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

December 31, 2023

| (a) | (b)<br>Identity of issue, borrower, lessor, or similar party | (c)<br>Description of investment,<br>including par or maturity<br>collateral, or maturity date | (d)<br>Cost    | (e)<br>Current<br>value |
|-----|--------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------|-------------------------|
|     | Alternative investments:                                     |                                                                                                |                |                         |
|     | AACP TAX-EXEMPT INV VI ERISA                                 | 183,224 units                                                                                  | \$ 130,747     | 183,224                 |
|     | AACP TAX-EXEMPT INVESTORS V                                  | 15,232,820 units                                                                               | 12,611,775     | 15,232,820              |
|     | AG CORE PLUS REALTY FD III LP                                | 3,448 units                                                                                    | 1,642,690      | 3,448                   |
|     | AG CORE PLUS REALTY FUND IV LP                               | 1,835,071 units                                                                                | 2,553,412      | 1,835,071               |
|     | AG REALTY VALUE FUND X                                       | 2,750,548 units                                                                                | 2,392,959      | 2,750,548               |
|     | ALMANAC REALTY SEC VIII LP                                   | 4,790,528 unit                                                                                 | 4,774,057      | 4,790,528               |
|     | ALMANAC REALTY SECURITIES V LP                               | 1,739 units                                                                                    | 119,794        | 1,739                   |
|     | ALMANAC REALTY SECURITIES VI                                 | 1,145,419 units                                                                                | 1,525,982      | 1,145,419               |
|     | ALMANAC REALTY SECURITIES VII                                | 2,848,255 units                                                                                | 2,752,577      | 2,848,255               |
|     | APOLLO INVESTMENT FUND VIII LP                               | 1,215,809 units                                                                                | 1,941,286      | 1,215,809               |
|     | ARCHIPELAGO HOLDINGS LTD                                     | 31,343,822 units                                                                               | 21,500,000     | 31,343,822              |
|     | ASIA ALTER DELAWARE VI ERISA                                 | 4,498,669 units                                                                                | 4,817,554      | 4,498,669               |
|     | ASIA ALTER DELWR V ERISA LP                                  | 1,820,669 units                                                                                | 1,057,487      | 1,820,669               |
|     | BAYVIEW OPP OFFSHORE FD IVB LP                               | 232,128 units                                                                                  | 4,248          | 232,128                 |
|     | BLACKSTONE RE PARTNERS X LP                                  | 328,591 units                                                                                  | 373,693        | 328,591                 |
|     | BLACKSTONE REAL ESTATE IX                                    | 10,542,451 units                                                                               | 8,194,092      | 10,542,451              |
|     | BLUE OWL GP STAKES IV OFFSHR                                 | 10,876,588 units                                                                               | 8,769,226      | 10,876,588              |
|     | CARLYLE US EQUITY OPP FD II LP                               | 6,853,601 units                                                                                | 7,436,178      | 6,853,601               |
|     | CHATHAM ASSET HIGH YIELD                                     | 13,085,690 units                                                                               | 7,532,562      | 13,085,690              |
|     | DAVIDSON KEMPNER                                             | 17,369,521 units                                                                               | 17,000,000     | 17,369,521              |
|     | DAVIDSON KEMPNER INST PARTNERS                               | 21,130,973 units                                                                               | 20,000,000     | 21,130,973              |
|     | DRA GROWTH AND INCOME FUND X                                 | 9,967,115 units                                                                                | 8,913,911      | 9,967,115               |
|     | DRA GROWTH AND INCOME VIII                                   | 2,182,081 units                                                                                | 5,524,738      | 2,182,081               |
|     | EAGLE HEALTH INVEST OFFSHORE                                 | 19,097,658 units                                                                               | 18,000,000     | 19,097,658              |
|     | ELLIOTT                                                      | 1,150 units                                                                                    | 1,691,057      | 2,426,999               |
|     | FPA CORE PLUS FUND III LP                                    | 21,299,306 units                                                                               | 14,675,453     | 21,299,306              |
|     | GLOUSTON PRIVATE EQUITY OPP IV                               | 526,113 units                                                                                  | 815,028        | 526,113                 |
|     | H2 SPECIAL OPP III LP                                        | 2,579,165 units                                                                                | 3,721,755      | 2,579,165               |
|     | H2 SPECIAL OPPORTUNITIES IV LP                               | 5,015,910 units                                                                                | 4,332,687      | 5,015,910               |
|     | HEADLINE US VII LP                                           | 2,165 units                                                                                    | —              | 2,165                   |
|     | HIG ADVANTAGE BUYOUT FD LP                                   | 14,068,167 units                                                                               | 10,007,493     | 14,068,167              |
|     | HUDSON BAY INTERNATIONAL                                     | 32,136,686 units                                                                               | 30,000,000     | 32,136,686              |
|     | INSTITUTIONAL VENTURE PARTNERS                               | 1,923,565 units                                                                                | 3,272,769      | 1,923,565               |
|     | INSTITUTIONAL VENTURE PTNRS XV                               | 5,920,687 units                                                                                | 3,309,997      | 5,920,687               |
|     | INSTL VENTURE PTNRS XVI LP                                   | 8,600,955 units                                                                                | 5,816,622      | 8,600,955               |
|     | JMI EQUITY FUND XI-B LP                                      | 2,020,305 units                                                                                | 1,799,181      | 2,020,305               |
|     | LONE STAR FUND VI U S LP                                     | 6,475 units                                                                                    | —              | 6,475                   |
|     | LONE STAR REAL ESTATE FUND                                   | 11,044 units                                                                                   | 2,198          | 11,044                  |
|     | LONE STAR REAL ESTATE FUND II                                | 6,203 units                                                                                    | 643            | 6,203                   |
|     | MAI CAP INCOME AND GROWTH FD                                 | 3,793,580 units                                                                                | 4,760,384      | 3,793,580               |
|     | MONARCH CAP PTNRS OFFSHORE IV                                | 6,498,081 units                                                                                | 2,334,641      | 6,498,081               |
|     | MOUNT KELLETT CAP PTRNS CAYMAN                               | 549,172 units                                                                                  | 1,567,705      | 549,172                 |
|     | MVM VI LP                                                    | 232,642 units                                                                                  | 366,552        | 232,642                 |
|     | ORIGAMI OPP FUND IV OFFSHORE                                 | 10,625,049 units                                                                               | 8,322,482      | 10,625,049              |
|     | PARTHENON INVESTORS VII LP                                   | 69,799 units                                                                                   | 69,799         | 69,799                  |
|     | PINEBRIDGE CO II FEEDER                                      | 4,085,098 units                                                                                | 6,740,632      | 4,085,098               |
|     | PPC III LP                                                   | 9,744,217 units                                                                                | 8,337,872      | 9,744,217               |
|     | PRIMUS CAPITAL FUND VIII LP                                  | 2,731,979 units                                                                                | 2,701,943      | 2,731,979               |
|     | SOCORRO DYNAMIC OPP FD                                       | 8,447,401 units                                                                                | 9,000,000      | 8,447,401               |
|     | STEPSTONE VC GLOBAL PTNS IX-B                                | 7,953,283 units                                                                                | 5,269,080      | 7,953,283               |
|     | TA XII B LP                                                  | 7,295,928 units                                                                                | 3,265,774      | 7,295,928               |
|     | TA XIII-B LP                                                 | 6,194,038 units                                                                                | 3,991,926      | 6,194,038               |
|     | TELEGRAPH HILL PTNS V LP                                     | 733,321 units                                                                                  | 784,734        | 733,321                 |
|     | TORCHLIGHT DEBT OPP FD IV LP                                 | 691,221 units                                                                                  | 2,140,870      | 691,221                 |
|     | TORCHLIGHT DEBT OPP FUND V LP                                | 633,531 units                                                                                  | 1,148,721      | 633,531                 |
|     | TRANCHE C 3 SERIES 09 18                                     | 861,692 units                                                                                  | 861,692        | 104,179                 |
|     | USAA EAGLE RE FUND                                           | 17,445,143 units                                                                               | 15,000,000     | 17,445,143              |
|     | VALINOR CAP PARTNERS OFFSHORE                                | 208,950 units                                                                                  | 1,113,023      | 208,950                 |
|     | VERSANT VANTAGE III LP                                       | 59,227 units                                                                                   | 56,605         | 59,227                  |
|     | VERSANT VENTURE CAPITAL IX LP                                | 92,787 units                                                                                   | 105,607        | 92,787                  |
|     | VERSANT VOYAGEURS III LP                                     | 24,459 units                                                                                   | 29,190         | 24,459                  |
|     | Total alternative investments                                |                                                                                                | 316,983,083    | 364,093,248             |
|     | Total investments                                            |                                                                                                | \$ 824,463,153 | 867,034,659             |

\* Party-in-interest as defined by ERISA.

Note: This schedule is based on information that has been certified as complete and accurate by State Street and Bank of New York Mellon, the Plan's trustees.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Schedule SB, line 32—Schedule of Amortization Bases

| Type of Base | Present Value of Installment | Date Established | Years Remaining | Amortization Installment |
|--------------|------------------------------|------------------|-----------------|--------------------------|
| Shortfall    | \$ 55,393,716                | January 1, 2020  | 12              | \$ 5,939,005             |
| Shortfall    | \$ (9,436,999)               | January 1, 2021  | 13              | \$ (954,781)             |
| Shortfall    | \$ (45,245,961)              | January 1, 2022  | 14              | \$ (4,344,615)           |
| Shortfall    | \$ 41,296,376                | January 1, 2023  | 15              | \$ 3,781,951             |

Schedule SB Attachment (Form 5500)—2023 Plan Year  
University Hospitals Health System, Inc. Retirement Plan  
EIN: 34-0714775 PN: 333

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the salary increase assumption to better reflect anticipated plan experience.
- A change in the retirement assumption for active and terminated vested participants to better reflect anticipated plan experience.
- A change in the withdrawal assumption for active participants to better reflect anticipated plan experience.
- A change in the optional payment form election percentages to better reflect anticipated plan experience.
- A change in the unlimited expected rate of return on assets from 6.25% to 7.00%.

The non-prescribed changes were made to better reflect the anticipated plan experience. These changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.