

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>UNITYPOINT HEALTH CENTRAL ILLINOIS PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>006</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>METHODIST HEALTH SERVICES CORPORATION</u></p> <p><u>221 NORTHEAST GLEN OAK AVENUE</u> <u>PEORIA, IL 61636-0002</u></p>	<p>1c Effective date of plan <u>05/01/1970</u></p> <p>2b Employer Identification Number (EIN) <u>37-111135</u></p> <p>2c Plan Sponsor's telephone number <u>309-347-1151</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/29/2025	RAEANN RONK
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3126
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1120
	6a(2)	962
	6b	1020
	6c	961
	6d	2943
	6e	56
	6f	2999
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3H

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **12/01/2020** and ending **11/30/2021**

A Name of plan UNITYPOINT HEALTH CENTRAL ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 METHODIST HEALTH SERVICES CORPORATION	D Employer Identification Number (EIN) 37-1111135	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

SEI PRIVATE TRUST COMPANY

23-1707341

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

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

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

SEI PRIVATE TRUST COMPANY

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 27 50	TRUSTEE	951420	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)

FID MGMT TRUST CO

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14 50	ACTUARIAL ADMINSTRATOR	231900	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: KPMG, LLP	b EIN: 13-5565207
c Position: AUDITOR	
d Address: 2500 RUAN CENTER 666 GRAND AVENUE DES MOINES, IA 50309	e Telephone: 515-288-7465

Explanation: KMPG REIGNED FROM BEING OUR PLAN AUDITORS. KPMG STATED THEY ARE GETTING OUT OF THE BUSINESS OF BENEFIT PLAN AUDITORS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021	
A Name of plan UNITYPOINT HEALTH CENTRAL ILLINOIS PENSION PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 METHODIST HEALTH SERVICES CORPORATION	D Employer Identification Number (EIN) 37-1111135

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	920000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	136839	233912
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7142317	14756196
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	200911343	206642521
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	34242596	41919551

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	242433095	264472180
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	242433095	264472180

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	4420000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4420000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	4924067	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4924067
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	19421097	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	19982880	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-561783
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	8544938	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		22183963
c Other income	2c		151
d Total income. Add all income amounts in column (b) and enter total.....	2d		39511336

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	14275788	
(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)		14275788
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	951419	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	231900	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	2013144	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3196463
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		17472251

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22039085
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: **MH CPA PLLC**

(2) EIN: **37-1119790**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 427629.

UNITYPOINT HEALTH | CENTRAL ILLINOIS PENSION PLAN

Peoria, Illinois

**Financial Statements
and Supplementary Information**

For the Years Ended

November 30, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrative Committee
UnityPoint Health | Central Illinois Pension Plan
Peoria, Illinois

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements

We have performed an audit of the accompanying financial statements of UnityPoint Health | Central Illinois Pension 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 statement of net assets available for benefits as of November 30, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 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 audit 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 a certification from a qualified institution, SEI Private Trust Company, as of and for the year ended November 30, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- the amounts and disclosures in the 2021 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the 2021 financial statements referred to above 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 on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of UnityPoint Health | Central Illinois Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. 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 2021 Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 UnityPoint Health | Central Illinois Pension 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 UnityPoint Health | Central Illinois Pension Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2021 Supplemental Schedule Required by ERISA

The supplemental schedules (Schedule 1 and 2) are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

Auditor's Report on the 2020 Financial Statements

The 2020 financial statements of UnityPoint Health | Central Illinois Pension Plan were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the predecessor auditor not to perform, and they did not perform, any auditing procedures with respect to the information certified by a qualified institution. Their report dated September 14, 2021, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did

not express an opinion on the financial statements and supplemental schedules, and (b) the form and content of the information included in the financial statements and supplemental schedules other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

MH CPA PLLC

Champaign, Illinois
January 10, 2025

UNITYPOINT HEALTH | CENTRAL ILLINOIS PENSION PLAN
 Statements of Net Assets Available for Benefits
 November 30, 2021 and 2020

	2021	2020
Assets		
Investments, at Fair Value	\$ 263,318,268	\$ 242,296,256
Receivables:		
Employer Contribution Receivable	920,000	-
Other Receivables	233,912	136,839
Total	264,472,180	242,433,095
Liabilities	-	-
Net Assets Available for Benefits	\$ 264,472,180	\$ 242,433,095

See Accompanying Notes

UNITYPOINT HEALTH | CENTRAL ILLINOIS PENSION PLAN
 Statements of Changes in Net Assets Available for Benefits
 For the Years Ended November 30, 2021 and 2020

	2021	2020
Additions		
Additions to Net Assets Attributed to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 30,167,269	\$ 22,175,783
Interest and Dividends	4,924,067	4,532,773
Net Investment Income	35,091,336	26,708,556
Contributions:		
Employer Contributions	4,420,000	4,615,000
Total Additions	39,511,336	31,323,556
Deductions		
Benefits Paid to Participants	14,275,788	12,868,544
Administrative Expenses	3,196,463	2,981,520
Total Deductions	17,472,251	15,850,064
Change in Net Assets	22,039,085	15,473,492
Net Assets Available for Benefits, Beginning of Year	242,433,095	226,959,603
Net Assets Available for Benefits, End of Year	\$ 264,472,180	\$ 242,433,095

See Accompanying Notes

UNITYPOINT HEALTH | CENTRAL ILLINOIS PENSION PLAN
Notes to the Financial Statements
November 30, 2021 and 2020

1. Description of Plan

The following description of the UnityPoint Health | Central Illinois Pension Plan (the Plan) provides only general information. The Plan is comprised of the Plans formerly known as Progressive Health Systems Pension Plan (the Pekin Plan), the Methodist Medical Center Pension Plan (the Methodist Plan), and the Proctor Health Care Pension Plan (the Proctor Plan). The Methodist Plan and the Proctor Plan merged into the Pekin Plan on December 25, 2018. The Pekin Plan's Board of Directors approved a resolution to change the Pekin Plan year end from April 30th to November 30th effective November 30, 2018. The following information for each legacy plan has been included as each plan's participants retained their frozen benefits upon the date of merger. In addition, when all of these plans merged into the Pekin Plan it was renamed the UnityPoint Health | Central Illinois Pension Plan. Participants should refer to the applicable plan document for a more complete description of the respective plan's provisions.

(A) General

These plans are all subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Pekin Plan

The Pekin Plan was a noncontributory defined benefit plan covering all full-time and part-time employees of Progressive Health Systems, Inc. (PHS) and its participating employers, Pekin Memorial Hospital and Pekin Memorial Hospital Foundation, except for employees categorized as "Registry" or "Relief Employees" and ProHealth employees. To be eligible, employees must have completed at least 1,000 hours of continuous employment during the plan year and be age 21 or older. Effective June 30, 2008, the Plan was frozen and no additional benefits were accrued under the Pekin Plan

The Methodist Plan

The Methodist Plan was a noncontributory-defined benefit plan sponsored by the Methodist Medical Center of Illinois (the Medical Center) and covered substantially all employees of the Medical Center and participating employers adopting the Methodist Plan. Employees became eligible to participate in the Methodist Plan upon having attained the age of 21 and completed one year of service in which at least 1,000 hours were worked. Participants were 100 percent vested upon completion of five years of service with at least 1,000 hours worked each year.

Effective December 31, 2006, employees were given the one-time irrevocable option to remain as active participants in the Methodist Plan or to begin participation in a new defined contribution plan and have their benefits frozen in the Methodist Plan. The accrued plan benefits and credited services for those electing the new defined contribution plan were frozen; however, vesting services were still earned and accumulated. New employees hired after September 30, 2006 are not allowed to participate in the Methodist Plan.

In November 2012, the Methodist Plan was amended to implement a freeze of the Methodist Plan so that all active participants ceased to accrue pension benefits effective January 1, 2013. As a result, beginning January 1, 2013, no additional years of benefit service shall be taken into account under the Methodist Plan, nor shall a participant's earnings or final average earnings include compensation for any period after December 31, 2012. The amount of participant's accrued benefit did not change after January 1, 2013. All participants covered under the Methodist Plan as of December 31, 2012 shall continue to be credited with years of credited service after that date for purposes of the vesting schedule.

The Proctor Plan

The Proctor Plan was a noncontributory-defined benefit plan sponsored by the plan administrator and covered substantially all employees of Proctor Health Care Incorporated (PHCI) and Proctor Hospital, a controlled affiliate of PHCI. The Proctor Plan also covered employees of the following PHCI affiliates: Professional Medical Associates, Proctor Health Systems and Belcrest Services, Ltd.

Effective December 31, 2008, the Board of Directors of PHCI approved a resolution to freeze the participants' accrued benefits. No employees were allowed to begin participating in the Proctor Plan after December 31, 2008, and no compensation earned or service performed after that were considered in the calculation of a participant's average compensation or accrued benefit. However, the Proctor Plan did take into account service completed after December 31, 2008 for purposes of determining vesting and eligibility to elect early retirement benefits.

(B) Funding Policy

The Plan sponsor's funding policy is to make the necessary contributions to meet minimum funding requirements, as determined by the Plan's independent actuary. No voluntary contributions are permitted.

On March 27, 2020, US President Donald Trump signed into law the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants with respect to employer contributions, distributions and participant loans. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document. Under the CARES Act, employers who sponsor

Defined Benefit Plans had until January 2021 to make minimum required contributions originally due during 2020 and could choose to use the plan's adjusted funding target attainment percentage (AFT AP) for the plan year ending before January 1, 2020 as the AFT AP for the plan years that include the 2020 calendar year to avoid freezing benefits. The Plan Administrator elected these provisions for the plan year ending November 30, 2020, and elected to treat the AFTAP for the plan year ending November 30, 2019 as the AFT AP for the plan year beginning December 1, 2019.

(C) Merger

On October 24, 2018, the Board of Directors of Progressive Health Systems approved the merger of the Proctor Plan and Methodist Plan into the Plan on December 25, 2018. In connection therewith, the Proctor Plan and Trust and Methodist Plan transferred \$195,864,097 and \$57,732,784, respectively, of assets to the Plan.

(D) Pension Benefits

(i) *Participants previously in the Pekin Plan*

Benefits under the Pekin Plan were based on an employees' average annual compensation during their years of credited service. Normal retirement age for plan benefits was 65. Participants could elect to receive reduced benefits upon early retirement at age 55, provided that they have at least 15 years of service with PHI. The benefit formula was equal to 1.01 percent times annually earned salary, plus 0.36 percent of such salary in excess of 80 percent of the Social Security taxable wage base in effect at the beginning of the plan year for each year of service up to a maximum of 35 years, for service on or after May 1, 1989. Accrued benefits are payable as an annuity over the participant's lifetime or as a qualified joint and two-thirds survivor annuity.

(ii) *Participants previously in the Methodist Plan*

Employees with five or more years of service were entitled to monthly pension benefits beginning at normal retirement age (65). The benefit depended on the employee's service as an employee.

At retirement, employees will receive a benefit equal to 1.17 percent of their final average earnings multiplied by their number of years of benefit service plus 0.45 percent of their final average earnings in excess of the amount defined by the Social Security Table II in effect for the calendar year in which the participant's normal retirement occurs multiplied by their number of years of benefit service.

Any participant who was a participant in the Methodist Plan on December 31, 1999 will be entitled to a full or fractional year of benefit service for the purpose of determining the benefit prior to January 1, 2001. For each plan year beginning on or after January 1, 2001, a participant shall be entitled to a full year of benefit service upon reaching 2,000 hours of service during a plan year. In no event shall participants' monthly retirement income be less than an amount equal to the sum of their accrued benefit under the Methodist Plan as of December 31, 1993 based on the previous plan formula.

The Methodist Plan permitted early retirement for participants who have not reached the normal retirement age (age 65) but were at least 55 years old and have completed 10 years of credited service. A participant who retires on an early retirement date will be entitled to a monthly retirement income based on final average earnings and benefit service, reduced by 1/15 for each of the first five years and 1/30 for each of the next five years, by which the commencement of such monthly income precedes the participant's normal retirement date. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to contributions.

(iii) *Participants previously in the Proctor Plan*

Employees with five or more years of service were entitled to monthly pension benefits beginning at normal retirement age (65). The benefit depends on the employee's service as an employee. Normal benefits are 50 percent of the participant's average monthly compensation, less 50 percent of their primary Social Security benefit. The monthly benefit is reduced when a participant has less than 25 years of credited service.

Average monthly compensation is calculated as one-twelfth of the average compensation received during the five calendar years within the last 15 complete calendar years of credited service which will yield the highest average.

The Proctor Plan permitted early retirement for participants who have not reached the normal retirement age (age 65) but are at least 55 years old and have completed 10 years of credited service. A participant who retires on an early retirement date will be entitled to a monthly retirement income based on final average earnings and benefit service, reduced by 1/15 for each of the first five years and 1/30 for each of the next five years, by which the commencement of such monthly income precedes the participant's normal retirement date. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to contributions.

The participants of the Pekin Plan, Methodist Plan and Proctor Plans maintained their individual accumulated benefits upon the plans merging into the UnityPoint Health | Central Illinois Pension Plan.

During 2019, the UnityPoint Health | Central Illinois Pension Plan had an involuntary participant lift out whereby the benefit obligation of certain participants were purchased and transferred to Principal resulting in no future obligation to the Plan. The lift out amount was \$52,022,902 and is included in distributions in the accompanying statements of changes in net assets available for benefits.

(E) Disability Benefits

In the event that a participant who has completed five years of service and has attained age 40 becomes totally and permanently disabled, benefits will be computed and paid assuming the participant had attained retirement age.

(F) Death Benefits

(i) *Participants previously in the Pekin Plan*

The spouse of a participant will receive a 66 2/3 percent survivor annuity, as defined in the Pekin Plan, upon the death of the participant. The surviving spouse annuity is equal to 66 2/3 percent of the participant's monthly benefit. This benefit is immediately payable to the spouse if the participant was already receiving benefits. If the participant was not already receiving benefits, payments to the spouse may commence as of the earliest date the participant would have received benefits.

(ii) *Participants previously in the Methodist Plan*

The spouse of an employee will receive a 50 percent survivor annuity, as defined in the Methodist Plan, upon the death of the employee prior to actual retirement. The surviving spouse annuity is equal to 50 percent of the employee's monthly benefit based on taking early retirement on the day immediately preceding the employee's death. This benefit is immediately payable to the spouse if the participant was already receiving benefits. If the participant was not already receiving benefits, payments to the spouse may commence as of the earliest date the participant would have received benefits.

(iii) *Participants previously in the Proctor Plan*

The spouse or dependent children of an employee will receive a survivor's benefit upon the death of the employee prior to actual retirement as long as the employee had been married for one year at the date of death.

(G) Vesting

(i) *Participants previously in the Pekin Plan*

Upon completion of five years of vesting service but prior to becoming eligible for a normal retirement benefit, a participant is entitled to a deferred vested termination benefit equal to a percentage of his or her accrued retirement benefit. Eligible employees are fully vested upon completion of five years of vesting service.

(ii) *Participants previously in the Methodist of Proctor Plan*

An employee is 100 percent vested upon completion of five years of service with at least 1,000 hours worked each year.

2. Significant Accounting Policies

Basis of Accounting – The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of American (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and the actuarial present value of accumulated plan benefits and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

The Plan uses an independent consulting actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits (Note 5).

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. U.S. treasury securities reflect the closing price reported in the active market in which the security is traded. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. The Plan also invests in real estate funds and alternative investments which are reported at NAV as a practical expedient to fair value based on a combination of market- and income-based models utilizing market discount rates, projected cash flows and the estimated value into perpetuity as reported by the funds general managers.

Purchases and sale of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Benefit Payments to Participants – Benefit payments to participants or their beneficiaries are recorded when paid.

Administrative Expenses – The Plan’s expenses are paid either by the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses are included as an offset to net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Accumulated Plan Benefits – Accumulated plan benefits (Note 6) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- Retired or terminated employees or their beneficiaries.
- Beneficiaries of employees who have died
- Present employees or their beneficiaries.

Benefits under the Plan are based on employees' compensation during their years of credited service up to a maximum of 35 years. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

Subsequent Events – In preparing the financial statements, the Plan Administrator has evaluated subsequent events through January 10, 2025, the date the financial statements were available to be issued.

3. Information Certified or Provided by SEI Private Trust Company, the Trustee

Certain information, as noted below, related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments at fair value as of November 30, 2021 and 2020, net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended November 30, 2021 and 2020, was obtained by management and agreed to or derived from the information certified as complete and accurate by SEI Private Trust Company, trustee of the Plan.

	2021	2020
Investments, at Fair Value	\$ 263,318,268	\$ 242,296,256
Net Appreciation in Fair Value of Investments	\$ 30,167,269	\$ 22,175,783
Interest and Dividends	\$ 4,924,067	\$ 4,532,773

4. Fair Value Measurements

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The Plan's policy is to recognize transfers in and transfers out as of the actual date of the event or change in the circumstances that caused the transfer. For the years ended November 30, 2021 and 2020, there were no transfers.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used between November 30, 2021 and 2020.

- Mutual funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission (SEC). These funds are required to transact at and publish

their daily net asset value (NAV), calculated as the underlying assets owned by the fund, minus its liabilities, divided by the number of shares outstanding. NAV is a quoted price in an active market.

- Money market funds - Valued as units of participation rather than ownership of specific assets. The fair value of participation is the total value of the fund divided by the number of units outstanding and approximates cost.
- U.S. Treasury securities - Consisting of U.S. Treasury strip securities valued at the closing price reported on the open market.
- Alternative Investments - Total investments measured at net asset value. Comprised of real estate/property funds and alternative investments, these investments are valued at net asset value (NAV) as a practical expedient based on a combination of market- and income-based models utilizing market discount rates, projected cash flows and the estimated value into perpetuity.

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2021:

	Level 1	Level 2	Level 3	Total
<i>Assets Included in the Fair Value Hierarchy:</i>				
U.S. Treasury Securities	\$ 14,756,196	\$ -	\$ -	\$ 14,756,196
Mutual Funds	206,640,893	-	-	206,640,893
Money Market Funds	1,627	-	-	1,627
Total	<u>\$ 221,398,716</u>	<u>\$ -</u>	<u>\$ -</u>	<u>221,398,716</u>

Assets Measured at Net Asset Value per FASB ASC 820 Practical Expedient:

Alternative Investments	41,919,552
Investments, at Fair Value	<u>\$ 263,318,268</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2020:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<i>Assets Included in the Fair Value Hierarchy:</i>				
U.S. Treasury Securities	\$ 7,142,317	\$ -	\$ -	\$ 7,142,317
Mutual Funds	200,910,234	-	-	200,910,234
Money Market Funds	1,110	-	-	1,110
Total	<u>\$ 208,053,661</u>	<u>\$ -</u>	<u>\$ -</u>	<u>208,053,661</u>

Assets Measured at Net Asset Value per FASB ASC 820 Practical Expedient:

Alternative Investments	<u>34,242,595</u>
Investments, at Fair Value	<u>\$ 242,296,256</u>

There are no unfunded commitments, or significant redemptions or restrictions on the investments measured at net asset value per share using the practical expedient as of November 30, 2021 and 2020.

5. Actuarial Present Value of Accumulated Plan Benefits

An actuary from Fidelity determines the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits was calculated using end of year census data.

Significant assumptions underlying the actuarial computations are:

- 2021 Actuarial Computations:
 - Discount rate: 5.20 percent
 - Mortality basis: Pri-2012 Mortality Tables with MP-2021 Mortality Improvement Scale applied on a generational basis.
 - Retirement: Graded rates from 55 to 70.

- 2020 Actuarial Computations:
 - Discount rate: 8.20 percent
 - Mortality basis: Pri-2012 Mortality Tables with MP-2020 Mortality Improvement Scale applied on a generational basis (previously Pri-2012 Mortality Tables with MP-2019 Mortality Improvement Scale applied on a generational basis).
 - Retirement: Graded rates from 55 to 70.

Changes in assumptions for the current year involved an update for the PPA funding interest rates from the August 2020 segment rates under ARPA to the August 2021 segment rates under ARPA, a change in mortality assumption for funding purposes from the 2020 IRS Static Mortality Table to the 021 IRS Status Mortality Table, and a change in the mortality assumption from the Pri-2012 Mortality Table with MP-2020 Improvement Scale to the Pri-2012 Mortality Table with MP-2021 Improvement Scale.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated plan benefit information as of November 30, 2021 and 2020 year was as follows:

	<u>2021</u>	<u>2020</u>
Vested Benefits:		
Participants currently receiving payments	\$ 147,029,179	\$ 111,982,756
Participants entitled to deferred benefits	44,030,936	32,362,824
Other Participants	64,045,020	48,509,942
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 255,105,135</u>	<u>\$ 192,855,522</u>

The changes in the actuarial present value of accumulated plan benefits from November 30, 2020 to 2021 were as follows:

	<u>2021</u>	<u>2020</u>
Actuarial Present Value of Accumulated Plan Benefits		
Beginning of Year	\$ 192,855,522	\$ 191,692,658
Decrease in discount period	9,662,020	15,089,951
Actuarial gains and losses, net	-	(511,632)
Additional benefits earned, including experience gains and losses	4,371,474	-
Change in actuarial assumptions	62,491,907	(546,911)
Benefits paid	<u>(14,275,788)</u>	<u>(12,868,544)</u>
Actuarial Present Value of Accumulated Plan Benefits		
End of Year	<u>\$ 255,105,135</u>	<u>\$ 192,855,522</u>

6. Administrative Expenses and Party-In-Interest Transactions

A transaction with a plan service provider or a participant of the Plan qualifies as a party-in-interest transaction. Service provider fees, either directly or indirectly, are paid to the investment trustee, third-party administrator, record keeper and insurance provider. Of these fees, \$3,196,463 and \$2,981,520 are included in administrative expenses on Exhibit B for the years ended November 30, 2021 and 2020, respectively. Other investment fees are netted with investment earnings. Expenses incurred in the administration of the Plan were also paid by the plan sponsor.

The Plan investments are managed by SEI Private Trust Company, the trustee of the Plan. Therefore, the investment transactions qualify as party-in-interest transactions. These transactions with a party-in-interest are statutorily or administratively exempt from the prohibited transaction provisions of ERISA.

7. Plan Termination

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

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees who are 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.
- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations discussed below.
- Vested benefits not insured by the PBGC.
- All nonvested benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

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

8. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated July 10, 2012, that the Plan and related trust as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (Code). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's legal counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination.

The Plan is subject to routine audits by taxing jurisdictions. As of the date of this report, the Plan was subject to an open Department of Labor examination. As the outcome of this examination has not yet been determined, no amounts are recognized in these financial statements related to this matter.

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, as well as valuation assumptions based on earnings, cash flows, and other such techniques. Due to the level of risk associated with certain investment securities and the valuation techniques used for these investments, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the 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 could be material to the financial statements.

Schedule H, Line 4i - Schedule of Assets Held at End of Year
 EIN# 37-1111135 Plan #006
 November 30, 2021

(a) Party -In- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
U.S. Treasury Securities			
	U.S. Treasury Strips Z-CPN 8/15/28	\$ 539,652	\$ 539,429
	U.S. Treasury Strips Z-CPN 8/15/31	4,373,390	4,421,376
	U.S. Treasury Strips Z-CPN 2/15/36	1,152,497	1,230,059
	U.S. Treasury Strips Z-CPN 8/15/36	1,366,205	1,408,735
	U.S. Treasury Strips Z-CPN 11/15/36	1,690,367	1,834,108
	U.S. Treasury Strips Z-CPN 2/15/37	1,074,822	1,158,101
	U.S. Treasury Strips Z-CPN 8/15/41	1,579,544	1,689,851
	U.S. Treasury Strips Z-CPN 11/15/50	2,113,208	2,474,537
	Total U.S. Treasury Securities	<u>13,889,685</u>	<u>14,756,196</u>
Mutual Funds			
	SEI Dynamic Asset Allocation Fund	4,588,025	7,566,142
	SEI Emerging Markets EQ-A	7,614,835	9,889,579
	SEI Extended Market Index-A	6,475,528	9,810,488
	SEI Large Cap Disciplined Equity Fund	15,259,045	17,766,869
	SEI S&P 500 Index-A	10,988,081	17,802,124
	SEI Small/Mid Cap Equity Fund	6,175,470	7,429,967
	SEI World Equity EX - US Fund	26,401,424	33,941,746
	SEI Emerging Markets Debt Fund	10,330,628	9,905,892
	SEI High Yield Bond Fund	10,283,918	10,234,046
	SEI Intermediate Duration Credit-A	35,354,977	36,167,812
	SEI Long Duration Credit Fund-A	42,778,977	46,126,228
	Total Mutual Funds	<u>176,250,908</u>	<u>206,640,893</u>
Money Market Funds			
	Government Fund	1,627	1,627
	Total Money Market Funds	<u>1,627</u>	<u>1,627</u>
Alternative Investments			
	SEI Core Property Collective Investment TR	5,457,748	13,858,790
	SEI Opportunity Collective Fund CL F	10,691,211	13,018,140
	SEI Structured Credit Collective Fund	10,698,528	15,042,622
	Total Alternative Investments	<u>26,847,487</u>	<u>41,919,552</u>
Assets Held at End of Year		<u>\$ 216,989,707</u>	<u>\$ 263,318,268</u>

* Represents a Party-In-Interest to the Plan. Note that all Plan investments are managed by U.S. Bank National Association, the Trustee of the Plan.

Schedule H, Line 4j - Schedule of Reportable Transactions
 EIN# 37-1111135 Plan #006
 For the Year Ended November 30, 2021

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>Series of Transactions</i>								
	SEI Intermediate Dur Credit-A	\$ 20,263,738	\$ -	\$ -	\$ -	\$ 20,263,738	\$ 20,263,738	\$ -
	SEI Intermediate Dur Credit-A	\$ -	\$ 804,188	\$ -	\$ -	\$ 775,228	\$ 804,188	\$ 28,960
	SEI S&P 500 IDX-A	\$ 1,252,501	\$ -	\$ -	\$ -	\$ 1,252,501	\$ 1,252,501	\$ -
	SEI S&P 500 IDX-A	\$ -	\$ 12,436,217	\$ -	\$ -	\$ 8,495,240	\$ 12,436,217	\$ 3,940,977
	SEI Long Dur Credit Fund A	\$ 26,850,378	\$ -	\$ -	\$ -	\$ 26,850,378	\$ 26,850,378	\$ -



2020 Form 5500 Schedule SB Attachments
Schedule SB, line 26 – Schedule of Active Participant Data
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

EIN: 37-1111135
Plan Number: 006

Age and Service Distribution of Active Members

Completed Years of Vesting Service on December 1, 2020

Attained Age		Completed Years of Vesting Service on December 1, 2020										
		<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	Count	0	0	0	0	0	0	0	0	0	0	0
	Average Accrued Benefits											
25-29	Count	0	0	0	0	0	0	0	0	0	0	0
	Average Accrued Benefits											
30-34	Count	0	0	3	7	0	0	0	0	0	0	10
	Average Accrued Benefits											
35-39	Count	0	1	2	42	10	0	0	0	0	0	55
	Average Accrued Benefits				1,147	0						
40-44	Count	0	2	10	31	37	11	0	0	0	0	91
	Average Accrued Benefits				1,500	2,456						
45-49	Count	0	3	16	29	67	41	13	1	0	0	170
	Average Accrued Benefits				2,632	3,211	5,939					
50-54	Count	0	1	8	34	55	31	33	24	0	0	186
	Average Accrued Benefits				1,818	5,908	7,452	10,770	11,018			
55-59	Count	0	2	11	44	51	42	55	55	25	1	286
	Average Accrued Benefits				3,599	4,930	8,376	9,577	11,447	15,016		
60-64	Count	0	0	5	36	58	27	28	35	39	28	256
	Average Accrued Benefits				2,503	5,478	7,748	13,011	11,097	15,939	17,903	
65-69	Count	0	0	2	11	16	6	6	5	2	8	56
	Average Accrued Benefits											
Over 69	Count	0	0	1	1	2	1	3	2	0	0	10
	Average Accrued Benefits											
Total		0	9	58	235	296	159	138	122	66	37	1,120

2020 Form 5500 Schedule SB Attachments**Schedule SB, Part V – Statement of Actuarial Assmptions/Methods**

UnityPoint Health

Central Illinois Pension Plan

2020 Plan Year

EIN: 37-1111135

Plan Number: 006

Actuarial Assumptions and Methods

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

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

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

Purpose	2020 Plan Year		2019 Plan Year	
	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.75%	2.33%	3.74%	2.78%
Next 15 years	5.50%	3.46%	5.35%	3.94%
Over 20 years	6.27%	3.98%	6.11%	4.41%
Applicable Law for the segment rates corridor	ARPA	Not Applicable	BBA	Not Applicable

Salary Scale: N/A

Increase in Consumer Price Index (CPI): N/A

Increase in Social Security Taxable Wage Base: N/A

Administrative Expenses:

ERISA: Estimated to be \$2,314,000. Estimated based on the prior year administrative expenses paid from the Trust plus estimated PBGC premiums for the current year.

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Statement of Actuarial Assmptions/Methods
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

EIN: 37-1111135
Plan Number: 006

Actuarial Assumptions and Methods (continued)

Mortality:

ERISA: IRS 2020 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430. These tables include future mortality improvement of 8 years for males and 9 years for females with the following adjustments: For ages below 80, the projection period is increased by 1 year for each year below age 80. For ages above 80, the projection period is reduced (but not below zero) by 1/3 year for each year above 80 (previously IRS 2019 Static Mortality Table using separate tables for annuitants and non-annuitants as prescribed by IRC Section 430).

Retirement Rates:

Progressive Health Systems, Inc.:

- Terminated Vested Participants – 100% assumed retirement at age 65
- Active Participants – Rates varying by age based on the assumption by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Age	Rate	Age	Rate
55	2%	63	15%
56	2%	64	20%
57	2%	65	75%
58	2%	66	75%
59	2%	67	50%
60	7%	68	25%
61	8%	69	25%
62	15%	70+	100%

Methodist Medical Center:

- Terminated Vested Participants – 100% assumed retirement at age 65
- Active Participants – 100% assumed retirement at age 65

2020 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Actuarial Assmptions/Methods

UnityPoint Health

Central Illinois Pension Plan

2020 Plan Year

EIN: 37-1111135

Plan Number: 006

Actuarial Assumptions and Methods (continued)

Proctor Health Care, Inc.:

- Terminated Vested Participants – 100% assumed retirement at age 65
- Active Participants – Rates varying by age based on the assumption by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Age	Rate	Age	Rate
55	5%	61	20%
56	5%	62	30%
57	5%	63	50%
58	5%	64	70%
59	5%	65+	100%
60	10%		

Termination:

Progressive Health Systems, Inc.: Rates varying by age based on the assumption by the prior actuary for this plan. No termination decrements occur once a participant is retirement eligible. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample Progressive Health Systems, Inc. Termination Rates

Age	Rate
25	18.00%
30	10.00%
35	8.50%
40	8.00%
45	8.00%
50	7.50%
55	10.00%

Methodist Medical Center: Rates varying by age based on the assumption by the prior actuary for this plan. No termination decrements occur once a participant is retirement eligible. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

2020 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Actuarial Assmptions/Methods

UnityPoint Health

Central Illinois Pension Plan

2020 Plan Year

EIN: 37-1111135

Plan Number: 006

Actuarial Assumptions and Methods (continued)

Sample Methodist Medical Center Termination Rates

Age	Rate
25	17.22%
30	15.83%
35	13.70%
40	11.25%
45	8.43%
50	5.06%
55	1.73%

Proctor Health Care, Inc.: Rates varying by age based on the assumption by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample Proctor Health Care, Inc. Termination Rates

Age	Rate
25	19.40%
30	14.14%
35	11.06%
40	9.10%
45	7.70%
50	6.30%
55	0.00%

2020 Form 5500 Schedule SB Attachments

Schedule SB, Part V – Statement of Actuarial Assmptions/Methods

UnityPoint Health

Central Illinois Pension Plan

2020 Plan Year

EIN: 37-1111135

Plan Number: 006

Actuarial Assumptions and Methods (continued)

Disability Rates:

Progressive Health Systems, Inc.: Rates varying by age and gender based on the assumption by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample Progressive Health Systems, Inc. Disability Rates

Age	Male	Female
25	0.03%	0.05%
30	0.04%	0.06%
35	0.05%	0.08%
40	0.07%	0.10%
45	0.10%	0.15%
50	0.18%	0.26%
55	0.36%	0.49%

Methodist Medical Center: None assumed. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Proctor Health Care, Inc.: Rates varying by age based on the assumption by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Sample Proctor Health Care, Inc. Disability Rates

Age	Rate
25	0.10%
30	0.11%
35	0.12%
40	0.15%
45	0.22%
50	0.33%
55	0.58%

2020 Form 5500 Schedule SB Attachments

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

UnityPoint Health

Central Illinois Pension Plan

2020 Plan Year

EIN: 37-1111135

Plan Number: 006

Actuarial Assumptions and Methods (continued)

Marital Status: 50% of males and females are assumed married, with females 1 years younger than males based on the assumption by the prior actuary for this plan.

Maximum Benefit: \$230,000 for 2020. For determining limitations under funding amounts no future increases in the IRC Section 415 limit have been reflected.

Maximum Salary: \$285,000 for 2020. For determining limitations under funding amounts no future increases in the salary limit have been reflected.

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method. Other optional forms are roughly actuarially equivalent on the valuation basis, so no significant gains or losses are anticipated.

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%)

Actuarial Value of Plan Assets for Funding Purposes:

The actuarial value of assets is equal to:

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

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 8.20%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

2020 Form 5500 Schedule SB Attachments

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

UnityPoint Health

Central Illinois Pension Plan

2020 Plan Year

EIN: 37-1111135

Plan Number: 006

Actuarial Assumptions and Methods (continued)

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

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

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

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

Schedule H, Line 4j - Schedule of Reportable Transactions
 EIN# 37-1111135 Plan #006
 For the Year Ended November 30, 2021

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
<i>Series of Transactions</i>								
	SEI Intermediate Dur Credit-A	\$ 20,263,738	\$ -	\$ -	\$ -	\$ 20,263,738	\$ 20,263,738	\$ -
	SEI Intermediate Dur Credit-A	\$ -	\$ 804,188	\$ -	\$ -	\$ 775,228	\$ 804,188	\$ 28,960
	SEI S&P 500 IDX-A	\$ 1,252,501	\$ -	\$ -	\$ -	\$ 1,252,501	\$ 1,252,501	\$ -
	SEI S&P 500 IDX-A	\$ -	\$ 12,436,217	\$ -	\$ -	\$ 8,495,240	\$ 12,436,217	\$ 3,940,977
	SEI Long Dur Credit Fund A	\$ 26,850,378	\$ -	\$ -	\$ -	\$ 26,850,378	\$ 26,850,378	\$ -

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021

▶ **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 UnityPoint Health Central Illinois Pension Plan	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Methodist Health Services Corporation	D Employer Identification Number (EIN) 37-1111135	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1 Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2020</u>			
2 Assets:			
a Market value.....	2a	242,433,095	
b Actuarial value.....	2b	230,181,331	
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.....	948	137,150,944	137,150,944
b For terminated vested participants	1,088	43,407,612	43,407,612
c For active participants.....	1,120	65,307,873	65,381,319
d Total.....	3,156	245,866,429	245,939,875
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	5.70%	
6 Target normal cost.....	6	2,314,000	

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

SIGN HERE	<div style="display: flex; justify-content: space-between;"> Kelly Boschke KBB </div>	08/30/2022
	Signature of actuary	Date
Kelly Boschke	Type or print name of actuary	2007948
Fidelity Workplace Investing LLC	Firm name	Most recent enrollment number 312-529-2331
233 S Wacker Drive, Suite 4850	Address of the firm	Telephone number (including area code)
Chicago IL 60606		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 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
26 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
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	2,314,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	17,362,576	1,735,915	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	4,049,915	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,604,032	1,604,032
36 Additional cash requirement (line 34 minus line 35).....	36	2,445,883	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4,295,535	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,849,652	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,604,032	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011

2020 Form 5500 Schedule SB Attachments

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

UnityPoint Health

EIN: 37-1111135

Central Illinois Pension Plan

Plan Number: 006

2020 Plan Year

The average retirement age has been calculated using the below retirement rates and assuming no decrements other than retirement. All retirements are assumed to occur at the mid-year, except for the 100% retirement age.

Central Illinois Weighted Average Retirement Age

Assumption Group	(a) Active Participants	(b) Proportion of Total Actives	(c) Average Retirement Age	Product (b) x (c)
Methodist Medical Center	739	0.6598	65.00	42.89
Progressive Health Systems, Inc.	173	0.1500	61.00	9.15
Proctor Health Care, Inc.	208	0.1900	63.00	11.97
Weighted Average				64.01
Rounded Weighted Average				64.00

Methodist Medical Center

(a) Age	(b) Rate	(c) Weight	Product (a) x (b) x (c)
55	0.00%	1.0000	0.00
56	0.00%	1.0000	0.00
57	0.00%	1.0000	0.00
58	0.00%	1.0000	0.00
59	0.00%	1.0000	0.00
60	0.00%	1.0000	0.00
61	0.00%	1.0000	0.00
62	0.00%	1.0000	0.00
63	0.00%	1.0000	0.00
64	0.00%	1.0000	0.00
65	100.00%	1.0000	65.00
66	100.00%	0.0000	0.00
67	100.00%	0.0000	0.00
68	100.00%	0.0000	0.00
69	100.00%	0.0000	0.00
70+	100.00%	0.0000	0.00
Weighted Average			65.00
Rounded Weighted Average			65.00

Progressive Health Systems, Inc.

(a) Age	(b) Rate	(c) Weight	Product (a) x (b) x (c)
55	2.00%	1.0000	1.10
56	2.00%	0.9800	1.10
57	2.00%	0.9604	1.09
58	2.00%	0.9412	1.09
59	2.00%	0.9224	1.09
60	7.00%	0.9040	3.80
61	8.00%	0.8407	4.01
62	15.00%	0.7734	7.19
63	15.00%	0.6574	6.21
64	20.00%	0.5588	7.15
65	75.00%	0.4470	21.79
66	75.00%	0.1118	5.53
67	50.00%	0.0280	0.94
68	25.00%	0.0140	0.24
69	25.00%	0.0105	0.18
70+	100.00%	0.0079	0.55
Weighted Average			63.15
Rounded Weighted Average			63.00

2020 Form 5500 Schedule SB Attachments

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

UnityPoint Health

EIN: 37-1111135

Central Illinois Pension Plan

Plan Number: 006

2020 Plan Year

Proctor Health Care, Inc.			
(a)	(b)	(c)	Product
Age	Rate	Weight	(a) x (b) x (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	20.00%	0.6964	8.50
62	30.00%	0.5571	10.36
63	50.00%	0.3900	12.29
64	70.00%	0.1950	8.74
65	100.00%	0.0585	3.80
66	100.00%	0.0000	0.00
67	100.00%	0.0000	0.00
68	100.00%	0.0000	0.00
69	100.00%	0.0000	0.00
70+	100.00%	0.0000	0.00
Weighted Average			61.20
Rounded Weighted Average			61.00

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021

▶ **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 UnityPoint Health Central Illinois Pension Plan	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Methodist Health Services Corporation	D Employer Identification Number (EIN) 37-1111135	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I	Basic Information		
1	Enter the valuation date: Month <u>12</u> Day <u>01</u> Year <u>2020</u>		
2	Assets:		
	a Market value.....	2a	242,433,095
	b Actuarial value.....	2b	230,181,331
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	948	137,150,944
	b For terminated vested participants	1,088	43,407,612
	c For active participants.....	1,120	65,307,873
	d Total.....	3,156	245,866,429
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	5.70%
6	Target normal cost.....	6	2,314,000

Statement by Enrolled Actuary

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

SIGN HERE		
	Signature of actuary	Date
	Kelly Boschke	08/30/2022
	Type or print name of actuary	Most recent enrollment number
	Fidelity Workplace Investing LLC	312-529-2331
	Firm name	Telephone number (including area code)
	233 S Wacker Drive, Suite 4850	
	Chicago IL 60606	
	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) 2020 v. 200204

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.50 %	3rd segment: 6.27 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 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
26 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
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	2,314,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	17,362,576	1,735,915	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	4,049,915	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,604,032	1,604,032
36 Additional cash requirement (line 34 minus line 35).....	36	2,445,883	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4,295,535	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,849,652	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,604,032	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:				
a Schedule elected	<input type="checkbox"/> 2 plus 7 years	<input type="checkbox"/> 15 years		
b Eligible plan year(s) for which the election in line 41a was made	<input type="checkbox"/> 2008	<input type="checkbox"/> 2009	<input type="checkbox"/> 2010	<input type="checkbox"/> 2011

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 12/01/2020 and ending 11/30/2021

A Name of plan <u>UnityPoint Health Central Illinois Pension Plan</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>Methodist Health Services Corporation</u>	D Employer Identification Number (EIN) <u>37-1111135</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 37-1205455

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year 3 0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 20.0% Investment-Grade Debt: 76.0% High-Yield Debt: 3.0% Real Estate: 1.0% Other: _____%

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

EIN: 37-1111135
Plan Number: 006

Plan Provisions

Name of Plan: UnityPoint Health Central Illinois Pension Plan.

Employer Identification Number / Plan Number: 37-1111135/006.

Effective Date: Amended and Restated December 31, 2018.

Plan Year: December 1 to November 30.

Effective December 31, 2018, the UnityPoint Health Central Illinois Pension Plan is the post-merger plan of the following UnityPoint Health pension plans:

- Progressive Health Systems, Inc. Employees' Pension Plan ("Pekin"),
- Methodist Medical Center of Illinois Retirement Plan ("Methodist"), and
- Proctor Health Care, Inc. Pension Plan ("Proctor").

Progressive Health Systems, Inc. Employees' Pension Plan ("Pekin")

Covered Employees: Employees hired after June 30, 2008 are not eligible to participate in the plan.

Definitions:

Benefit service: Frozen as of June 30, 2008

Vesting service: Employees will earn one year of vesting service for each Plan Year during which at least 1,000 hours of service have been completed.

Monthly compensation: Frozen as of June 30, 2008

Normal retirement date (NRD): First of month following or coinciding with Age 65

Annual accruals: (1.01% x Average Monthly Compensation for each year of Benefit Service) + (0.36% x Average Monthly Compensation in excess of 1/12 of 80% of taxable wage base in effect at the beginning of the Plan Year for each year of Benefit Service up to a maximum of 35 years)

Monthly accrued benefit: Sum of frozen accrued benefit and the sum of Annual Accruals for plan years commencing after April 30, 1989 and April 30, 2008.

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

EIN: 37-1111135
Plan Number: 006

Plan Provisions (continued)

Monthly pre-retirement death spouse benefit: For married participants who have attained age 30, 66 2/3% of Monthly accrued benefit as of the date of death, reduced for early retirement, else surviving spouse's benefit will commence at participant's earliest date of commencement.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Age 55 and 15 years of Vesting Service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service. All participants are 100% vested in their June 30, 2008 accrued benefit.

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

Disability: Age 40 and five years of Vesting Service and defined to meet conditions of LTD or SSI.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Monthly accrued benefit determined as of NRD.

Early retirement: Monthly accrued benefit payable at NRD reduced by 6.67% for each of the first five years and 3.33% for each of the next five years that commencement precedes age 65.

Postponed retirement: Actuarially equivalent Monthly accrued benefit determined as of actual retirement date.

Termination with deferred vested benefit: Monthly accrued benefit determined as of termination date, reduced by 6.67% for each of the first five years and 3.33% for each of the next five years that commencement precedes age 65.

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

EIN: 37-1111135
Plan Number: 006

Plan Provisions (continued)

Death with pre-retirement spouse benefit: Monthly pre-retirement spouse benefit is payable. If the participant was an active employee and older than 30 at the time of death, the spouse is entitled to an immediate life annuity in the amount of 66 $\frac{2}{3}$ % of the participant's accrued benefit. Otherwise, the benefit is payable when the participant would have been eligible for early retirement.

Disability: The Monthly accrued benefit is payable immediately.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): Unreduced 66 $\frac{2}{3}$ % joint and survivor annuity.

Optional forms: 75% joint and survivor annuity.

Description of actuarial equivalence: 1951 Group Annuity Mortality Table (Male) projected by Scale C to 1965 and 5.00%.

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

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Methodist Medical Center of Illinois Retirement Plan ("Methodist")

Covered Employees: Employees hired after September 30, 2006 are not eligible to participate in the plan.

Definitions:

Vesting service: Employees will earn one year of vesting service for each Plan Year during which at least 1,000 hours of service have been completed.

Credited service: Frozen as of December 31, 2012.

Annual compensation: Frozen as of December 31, 2012.

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

EIN: 37-1111135
Plan Number: 006

Plan Provisions (continued)

Average compensation: Final Average Earnings are based on the average of the highest five consecutive years within the last ten years of service prior to the earlier of retirement or date of termination.

Normal retirement date (NRD): First of month following or coinciding with Age 65

Frozen accrued benefit: Accrued benefit as of December 31, 2012. Accrued benefit formula is 1.17% of final average earnings times Credited Service; plus .45% of final average earnings in excess of Social Security Covered Compensation times Credited Service.

Monthly pre-retirement death spouse benefit: For married participants, 50% of Frozen accrued benefit as of the date of death, reduced for the 50% joint and survivor election and early retirement, else surviving spouse's benefit will commence at participant's earliest date of commencement.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Age 55 and 10 years of Vesting Service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service. All participants are 100% vested in their December 31, 2012 accrued benefit.

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

Disability: Meets conditions of SSI.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Frozen accrued benefit determined as of NRD.

Early retirement: The Frozen accrued benefit payable at NRD reduced by 6.67% for each of the first five years and 3.33% for each of the next five years that commencement precedes age 65.

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

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Plan Provisions (continued)

Postponed retirement: Actuarially equivalent frozen accrued benefit determined as of actual retirement date.

Termination with deferred vested benefit: Frozen accrued benefit payable at age 65. Participants with 10 years of service may elect to receive an actuarially reduced benefit as early as age 55.

Death with pre-retirement spouse benefit: If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediate monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before their death and had elected the Joint and 50% Survivor option.

Disability: The monthly pension benefit is payable at NRD if eligible and receiving SSDI benefits, else immediately.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): 50% joint and survivor annuity

Optional forms: 75% or 100% joint and survivor annuity, 10 year life certain and life annuity.

Description of actuarial equivalence: 1971 Group Annuity Table (Male) and 7.00%.

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

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Proctor Health Care, Inc. Pension Plan (“Proctor”)

Covered Employees: Employees hired after December 31, 2008 are not eligible to participate in the plan.

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

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Plan Provisions (continued)

Definitions:

Vesting service: Employees will earn one year of vesting service for each Plan Year during which at least 1,000 hours of service have been completed.

Benefit service: Frozen as of December 31, 2008

Annual compensation: Frozen as of December 31, 2008

Average compensation: Average of 5 plan years out of the last 15 which produce the highest average.

Normal retirement date (NRD): The later of the participant's 65th birthday, or the January 1 after attaining five years of vesting service.

Frozen accrued benefit: Monthly benefit equal to 50% of Average Compensation in excess of Social Security Benefit multiplied by years of benefit service, divided by years of benefit service projected to NRD (not less than 25). For participants employed after January 1, 2008, the minimum benefit is \$1,080 per year.

Monthly pre-retirement death spouse benefit: Frozen accrued benefit as of the date of death as if the participant had died at NRD.

Eligibility for Benefits:

Normal retirement: Retirement on NRD.

Early retirement: Age 55 and 10 years of Vesting Service.

Postponed retirement: Retirement after NRD.

Deferred vested: Terminations for reasons other than death, disability, or retirement after completing five years of Vesting Service. All participants are 100% vested in their December 31, 2008 accrued benefit.

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

Disability: Ten years of Vesting Service and defined to meet conditions of LTD or SSI.

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

EIN: 37-1111135
Plan Number: 006

Plan Provisions (continued)

Monthly Benefits Paid Upon the Following Events:

Normal retirement: Frozen accrued benefit determined as of NRD.

Early retirement: The Frozen accrued benefit payable at NRD reduced by 6.67% for each of the first five years and 3.33% for each of the next five years that commencement precedes age 65.

Postponed retirement: Actuarially equivalent Frozen accrued benefit determined as of actual retirement date.

Termination with deferred vested benefit: The Frozen accrued benefit payable at NRD reduced by 6.67% for each of the first five years and 3.33% for each of the next five years that commencement precedes age 65.

Death with pre-retirement spouse benefit: If a married participant, who is eligible for early retirement dies, the participant's spouse is entitled to an immediate monthly benefit. The benefit is equal to the monthly annuity the spouse would have received if the participant had retired the day before their death and had elected the Joint and 50% Survivor option.

Disability: The monthly pension benefit is equal to the Frozen accrued benefit payable at NRD.

Forms of Payment:

Normal form (single participants): Single life annuity.

Normal form (married participants): 50% joint and survivor annuity.

Optional forms: 75% or 100% joint and survivor annuity, 10 year certain and life annuity, Social Security Age 62 level income annuity.

Description of actuarial equivalence: Blended 1983 Group Annuity Mortality Table and 7.00%.

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

2020 Form 5500 Schedule SB Attachments
Schedule SB, Part V – Summary of Plan Provisions
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

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Plan Provisions (continued)

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

Schedule H, Line 4i - Schedule of Assets Held at End of Year
 EIN# 37-1111135 Plan #006
 November 30, 2021

(a) Party -In- Interest	(b) & (c) Identity of Party Involved and Description of Investment	(d) Cost	(e) Current Value
U.S. Treasury Securities			
	U.S. Treasury Strips Z-CPN 8/15/28	\$ 539,652	\$ 539,429
	U.S. Treasury Strips Z-CPN 8/15/31	4,373,390	4,421,376
	U.S. Treasury Strips Z-CPN 2/15/36	1,152,497	1,230,059
	U.S. Treasury Strips Z-CPN 8/15/36	1,366,205	1,408,735
	U.S. Treasury Strips Z-CPN 11/15/36	1,690,367	1,834,108
	U.S. Treasury Strips Z-CPN 2/15/37	1,074,822	1,158,101
	U.S. Treasury Strips Z-CPN 8/15/41	1,579,544	1,689,851
	U.S. Treasury Strips Z-CPN 11/15/50	2,113,208	2,474,537
	Total U.S. Treasury Securities	<u>13,889,685</u>	<u>14,756,196</u>
Mutual Funds			
	SEI Dynamic Asset Allocation Fund	4,588,025	7,566,142
	SEI Emerging Markets EQ-A	7,614,835	9,889,579
	SEI Extended Market Index-A	6,475,528	9,810,488
	SEI Large Cap Disciplined Equity Fund	15,259,045	17,766,869
	SEI S&P 500 Index-A	10,988,081	17,802,124
	SEI Small/Mid Cap Equity Fund	6,175,470	7,429,967
	SEI World Equity EX - US Fund	26,401,424	33,941,746
	SEI Emerging Markets Debt Fund	10,330,628	9,905,892
	SEI High Yield Bond Fund	10,283,918	10,234,046
	SEI Intermediate Duration Credit-A	35,354,977	36,167,812
	SEI Long Duration Credit Fund-A	42,778,977	46,126,228
	Total Mutual Funds	<u>176,250,908</u>	<u>206,640,893</u>
Money Market Funds			
	Government Fund	1,627	1,627
	Total Money Market Funds	<u>1,627</u>	<u>1,627</u>
Alternative Investments			
	SEI Core Property Collective Investment TR	5,457,748	13,858,790
	SEI Opportunity Collective Fund CL F	10,691,211	13,018,140
	SEI Structured Credit Collective Fund	10,698,528	15,042,622
	Total Alternative Investments	<u>26,847,487</u>	<u>41,919,552</u>
Assets Held at End of Year		<u>\$ 216,989,707</u>	<u>\$ 263,318,268</u>

* Represents a Party-In-Interest to the Plan. Note that all Plan investments are managed by U.S. Bank National Association, the Trustee of the Plan.

2020 Form 5500 Schedule SB Attachments
Schedule SB, line 32 – Schedule of Amortization Bases
UnityPoint Health
Central Illinois Pension Plan
2020 Plan Year

EIN: 37-1111135
Plan Number: 006

Schedule of Amortization Bases

<u>Type of Base</u>	<u>Present Value of Any Remaining Installments</u>	<u>Valuation Date</u>	<u>Years Remaining</u>	<u>Amortization Installment</u>
2020 Shortfall	\$ (6,909,279)	December 1, 2020	15	\$ (648,689)
2019 Shortfall	\$ 24,271,855	December 1, 2019	14	\$ 2,384,604
Total	\$ 17,362,576			\$ 1,735,915