

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: SPARROW HEALTH SYSTEM ASSOCIATE PENSION PLAN A2
1b Three-digit plan number (PN): 007
1c Effective date of plan: 01/01/2017
2a Plan sponsor's name (employer, if for a single-employer plan): SPARROW HEALTH SYSTEM
2b Employer Identification Number (EIN): 38-2542859
2c Plan Sponsor's telephone number: 517-364-5840
2d Business code (see instructions): 622000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3787
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	740
	<b>6a(2)</b>	983
	<b>6b</b>	257
	<b>6c</b>	841
	<b>6d</b>	2081
	<b>6e</b>	43
	<b>6f</b>	2124
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		1
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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**

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

**b General Schedules**

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

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

<b>A</b> Name of plan <u>SPARROW HEALTH SYSTEM ASSOCIATE PENSION PLAN A2</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>007</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SPARROW HEALTH SYSTEM</u>	<b>D</b> Employer Identification Number (EIN) <u>38-2542859</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>300429753</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>321726795</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>1708</u>	<u>244067202</u>	<u>244067202</u>
<b>b</b> For terminated vested participants .....	<u>1339</u>	<u>62162567</u>	<u>62162567</u>
<b>c</b> For active participants .....	<u>740</u>	<u>24581635</u>	<u>27958120</u>
<b>d</b> Total .....	<u>3787</u>	<u>330811404</u>	<u>334187889</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.09 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>3800000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>3800000</u>	

**Statement by Enrolled Actuary**

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

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/05/2025</u> Date
	<u>JESSICA DIGREGORIO-VANDERHOEF</u> Type or print name of actuary	<u>23-08957</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>248-450-9333</u> Telephone number (including area code)
	<u>ONE TOWNE SQUARE</u> <u>SOUTHFIELD, MI 48076</u> Address of the firm	

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....		1372658
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....		1372658
<b>9</b>	Amount remaining (line 7 minus line 8) .....		
<b>10</b>	Interest on line 9 using prior year's actual return of <u>7.16</u> % .....		
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		18991
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.21</u> % .....		0
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		1360
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		20351
<b>d</b>	Portion of (c) to be added to prefunding balance .....		
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....		

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	96.27 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	96.27 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	96.93 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/12/2024	1340783						
07/11/2024	1340783						
10/08/2024	1120218						
01/10/2025	1120218						
07/11/2025	224000						
			<b>Totals ▶</b>	<b>18(b)</b>	5146002	<b>18(c)</b>	

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	4979336

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....			<b>21b</b> 4
<b>22</b> Weighted average retirement age .....			<b>22</b> 60
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	3800000	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	12461094	1178747	
<b>b</b> Waiver amortization installment.....			
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	4978747	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	4978747	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	4979336	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	589	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>		
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>		
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>			
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021			

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SPARROW HEALTH SYSTEM ASSOCIATE PENSION PLAN A2</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>007</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SPARROW HEALTH SYSTEM</u>	<b>D</b> Employer Identification Number (EIN) <u>38-2542859</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: SPARROW HEALTH SYSTEM MASTER TRUST

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

<b>c</b> EIN-PN <u>83-2121212-001</u>	<b>d</b> Entity code <u>M</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>287521842</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SPARROW HEALTH SYSTEM ASSOCIATE PENSION PLAN A2</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>007</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SPARROW HEALTH SYSTEM</b>	<b>D</b> Employer Identification Number (EIN) <b>38-2542859</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	4360000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	221848878
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	295592413
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	287521842

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	299952413	510714938
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	299952413	510714938

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	5146002	
(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)		5146002
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		7874754
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		13020756

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	24107109	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		24107109
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		24107109

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-11086353
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		221848878
(2) From this plan .....	<b>2l(2)</b>		

**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: **ANDREWS HOOPER PAVLIK PLC**

(2) EIN: **38-3133790**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554946.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>SPARROW HEALTH SYSTEM ASSOCIATE PENSION PLAN A2</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>007</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SPARROW HEALTH SYSTEM</u>	<b>D</b> Employer Identification Number (EIN) <u>38-2542859</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

<b>1</b>	
----------	--

**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): 13-5160382

**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..... 

<b>3</b>	<b>8</b>
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**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:

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 24.0 % Private Equity: \_\_\_\_\_ % Investment-Grade Debt and Interest Rate Hedging Assets: 55.0 %  
 High-Yield Debt: 3.0 % Real Assets: 13.0 % Cash or Cash Equivalents: 1.0 % Other: 4.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

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

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

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

Yes.

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

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

No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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

Financial Statements

Sparrow Health System  
Associate Pension Plan A2

*Years Ended December 31, 2024 and 2023  
with Report of Independent Auditors*

Sparrow Health System Associate Pension Plan A2

Financial Statements

Years Ended December 31, 2024 and 2023

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## Report of Independent Auditors

To the Finance and Audit Committee,  
Human Resources & Compensation Committee,  
and Plan Administrator of the Sparrow Health System  
Associate Pension Plan A2  
Lansing, Michigan

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

We have performed audits of the accompanying financial statements of Sparrow Health System Associate Pension Plan A2 (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Sparrow Health System Associate Pension Plan A2's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the 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 (U.S. GAAP).

- The information in the 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**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sparrow Health System Associate Pension Plan A2 and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### **Emphasis of Matter – Plan Restructure**

As discussed in Note 1 to the financial statements, effective December 31, 2024, the Plan was amended to restructure plan participants in conjunction with another pension plan. As part of this restructuring, certain participants were spun off and merged into the other plan while other participants were spun off from the other plan and merged into this Plan. Our opinion is not modified with respect to this matter.

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

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the 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 Sparrow Health System Associate Pension Plan A2'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 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sparrow Health System Associate Pension Plan A2'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 Sparrow Health System Associate Pension Plan A2's ability to continue as a going concern for a reasonable period of time.

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

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

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.

*Andrews Hooper Paulik PLC*

Okemos, Michigan  
September 25, 2025

## Sparrow Health System Associate Pension Plan A2

### Statements of Net Assets Available for Benefits

	<b>December 31</b>	
	<b>2024</b>	<b>2023</b>
<b>Assets</b>		
Investments:		
Plan's interest in the Sparrow Health System		
Defined Benefit Master Trust	\$ 287,521,842	\$ 295,592,413
Employer contribution receivable	1,344,218	4,360,000
Plan transfer receivable	221,848,878	-
	<hr/>	<hr/>
Net assets available for benefits	<b>\$ 510,714,938</b>	<b>\$ 299,952,413</b>

## Sparrow Health System Associate Pension Plan A2

### Statements of Changes in Net Assets Available for Benefits

	<b>Year Ended December 31</b>	
	<b>2024</b>	<b>2023</b>
<b>Additions</b>		
Investment income:		
Plan's interest in the Sparrow Health System		
Defined Benefit Master Trust	\$ 11,516,337	\$ 20,683,879
Employer contributions	5,146,002	4,360,000
Total additions, net	16,662,339	25,043,879
<b>Deductions</b>		
Benefits paid to participants	24,107,109	23,765,296
Administrative expenses	3,641,583	4,232,783
Total deductions	27,748,692	27,998,079
Net change in net assets available for benefits	(11,086,353)	(2,954,200)
Transfer from Sparrow Health System		
Associate Pension Plan	221,848,878	-
<b>Net assets available for benefits</b>		
Beginning of year	299,952,413	302,906,613
End of year	\$ 510,714,938	\$ 299,952,413

# Sparrow Health System Associate Pension Plan A2

## Notes to Financial Statements

December 31, 2024

### 1. Description of Plan

The following brief description of the Sparrow Health System Associate Pension Plan A2 (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

#### General

The Plan was formed effective January 1, 2017 when the Sparrow Health System Associate Pension Plan (A1 plan) was amended and split into two separate plans with the transfer of certain assets and liabilities, and the related transfer of certain participants, from the A1 plan to the Sparrow Health System Associate Pension Plan A2.

The Plan is a defined benefit pension plan covering a substantial number of employees (caregivers) of the following entities: Sparrow Health System, Edward W. Sparrow Hospital Association, Sparrow Community Care, Sparrow Development, Inc., Physicians Health Plan, Inc. (formerly Physicians Health Plan of Mid-Michigan), PHP Shared Services, LLC (formerly Physicians Health Plans Shared Services, LLC), Pharmacy Plus, Inc., and Mid-Michigan MRI, Inc. (collectively, Sparrow). Effective December 31, 2011, all caregivers of Sparrow Development, Inc. and Pharmacy Plus, Inc. became caregivers of Sparrow Community Care. Effective December 30, 2011, the Clinton Memorial Hospital Pension Plan merged into the A1 Plan. Effective June 30, 2015, the Carson City Hospital Hourly and Salaried Employees' Retirement Plan merged into the A1 Plan. Each entity provides amounts over the year as are necessary on an actuarially determined basis to provide the Plan with sufficient assets to meet the benefits to be paid to Plan participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended on January 1, 2021, becoming a multiple employer Plan, as Physicians Health Plan ceased to be in the same controlled group. The Plan was subsequently amended, effective January 1, 2022, to remove Physicians Health Plan as a participating employer. Physicians Health Plan has announced its intention to cease operations by December 31, 2025.

Effective April 1, 2023, Sparrow Health System finalized a partnership with University of Michigan Health System. Effective April 1, 2024, Sparrow is doing business as University of Michigan Health – Sparrow.

Effective December 31, 2024, the Plan was amended to restructure plan participants in conjunction with the A1 Plan. As part of this restructuring, certain participants were spun off and merged into the A1 Plan while other participants were spun off from the A1 plan and merged into this Plan. As of December 31, 2024, the Plan has recorded a receivable from the A1 Plan totaling \$221,848,878 related to the restructure (\$0 at December 31, 2023).

# Sparrow Health System Associate Pension Plan A2

## Notes to Financial Statements

December 31, 2024

### 1. Description of Plan (continued)

#### General (continued)

The receivable was calculated by the Plan actuary and will be transferred from the A1 plan in accordance with plan participant levels and funded assets. Participant benefits were not impacted by the restructure.

#### Eligibility

Previously, permanent caregivers participated on January 1 after they attained the age of 20 ½. The Plan is closed to entry for any newly hired caregivers.

#### Normal Retirement

Normal retirement age is 65.

#### Plan Benefits

The monthly benefit is equal to the greater of:

- 1) 1.30% of final average compensation, multiplied by the years of benefit service to a maximum of 40 years, plus 0.65% of final average compensation in excess of covered compensation, multiplied by years of benefit service, to a maximum of 35 years;
- 2) The participant's accrued benefit on December 31, 1988, plus 1.30% of final average compensation, multiplied by the years of benefit service accrued after December 31, 1988, to a maximum of 40 years of combined service, plus 0.65% of final average compensation in excess of covered compensation, multiplied by the years of benefit service accrued after December 31, 1988, to a maximum of 35 years of combined service;
- 3) If the participant is a UAW member, \$30 (effective December 1, 2011) times total years of benefit service; or
- 4) A Social Security offset formula as described in the plan agreement.

Certain caregivers covered under a separate plan prior to December 31, 1998, earn a benefit equal to amounts calculated under (1) above for service after that date, plus a frozen amount as earned under the prior plan for service prior to December 31, 1998. For former St. Lawrence associates, former participants of the Clinton Memorial Hospital Pension Plan, former participants of the Carson City Hospital Hourly and Salaried Employees' Retirement Plan, and certain other caregivers, the monthly plan benefits are described in the plan agreement.

## Sparrow Health System Associate Pension Plan A2

### Notes to Financial Statements

December 31, 2024

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

##### **Plan Benefits (continued)**

For non-represented caregivers, caregivers whose benefits are collectively bargained for with the United Auto Workers (UAW), and caregivers whose benefits are collectively bargained for with the Michigan Nurses Association (MNA), accrued benefits were frozen as of December 31, 2010 (December 31, 2011 for MNA associates), subject to limited grandfathering, with additional future benefits being earned at the annual rate of 1.50% of pensionable earnings.

##### **Early Retirement**

Early retirement age is 55. The monthly retirement benefit is the accrued normal retirement benefit determined at the early retirement date as described above, multiplied by the appropriate factor.

##### **Supplemental Early Retirement**

Monthly benefit is equal to 1.00% of final average monthly compensation multiplied by years of benefit service, payable until age 65 as a life annuity or a lump sum based upon the actuarial present value of the supplemental early retirement benefits.

##### **Vesting**

Accrued benefits are fully vested after 5 years of vested service. If caregivers terminate before rendering 5 years of service, they forfeit the right to receive their accumulated Plan benefits attributable to Sparrow's contributions. Forfeitures arising under the Plan shall be applied to reduce the cost of the Plan.

##### **Death Benefits**

A monthly life annuity benefit is payable to the spouse or named beneficiary of an associate who has earned the right to a vested benefit. The amount of benefit is equal to the actuarial present value of the participant's vested accrued benefit as of the date of death. In certain instances, the participant may elect an optional form of benefit payment by executing a pre-retirement death benefit beneficiary designation.

In addition, the actuarial present value of the Supplemental Early Retirement (SER) benefit shall be paid to the beneficiary of an associate with 25 or more years of vesting service at the date of death.

# Sparrow Health System Associate Pension Plan A2

## Notes to Financial Statements

December 31, 2024

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

#### **Administrative Expenses**

Certain administrative expenses were paid for by Sparrow. Additionally, certain administrative expenses, including the PBGC fees, were paid by the Plan and are reflected in the accompanying financial statements.

### **2. Summary of Significant Accounting Policies**

The following is a summary of significant accounting policies followed in the preparation of the financial statements of the Plan.

#### **Basis of Accounting**

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

#### **Use of Estimates**

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates. Significant estimates are used in determining the actuarial present value of accumulated plan benefits.

#### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

#### **Subsequent Events**

Plan management has evaluated subsequent events through September 25, 2025, the date the financial statements were available to be issued.

### **3. Valuation of Investments**

The fair value of the Plan's interest in the Sparrow Health System Defined Benefit Master Trust (Master Trust) is based on the beginning of the year value of the Plan's interest in the trust, plus actual contributions and allocated investment income (loss), less actual distributions and allocated administrative expenses. The Master Trust's investments are stated at fair value.

# Sparrow Health System Associate Pension Plan A2

## Notes to Financial Statements

December 31, 2024

### 3. Valuation of Investments (continued)

#### Fair Value Measurements

As defined in current authoritative guidance, 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. In determining fair value, the Plan uses various methods including market, income, and cost approaches.

Based on these approaches, the Plan often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and/or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs.

The Plan utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the Plan is required to provide information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values.

Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

- Level 1 – Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2 – Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets and liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.
- Level 3 – Significant unobservable inputs that reflect a company's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In determining the appropriate levels, the Plan performs a detailed analysis of the assets. At each reporting period, all assets for which the fair value measurement is based on significant unobservable inputs are classified as Level 3. For the years ended December 31, 2024 and 2023, the application of valuation techniques applied to similar assets has been consistent.

In instances whereby inputs used to measure fair value fall into different levels of the fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

# Sparrow Health System Associate Pension Plan A2

## Notes to Financial Statements

December 31, 2024

### **3. Valuation of Investments (continued)**

#### **Registered Investment Companies**

The fair values of registered investment companies' investments are determined by obtaining quoted prices on nationally recognized securities exchanges.

#### **U.S. Government Securities**

The fair value of investments in U.S. government obligations is primarily determined using techniques consistent with the income approach. Significant observable inputs to the income approach include data points for benchmark constant maturity curves and spreads.

#### **Cash Equivalents**

The investment in the EB Temporary Investment Fund, which operates similar to a money market fund, and cash balances are valued at cost which approximates fair value.

#### **Collective Trust Funds and Partnership Interest**

The investments in the SEI Core Property Collective Investment Trust and the SEI Structured Credit Collective Fund are stated at estimated fair value based on the net asset value of the participation units in each fund as a practical expedient. The SEI Core Property Collective Investment Trust fully invests in the SEI Core Property fund which is a limited partnership with a diversified strategy of property funds. The SEI Structured Credit Collective Fund fully invests in the SEI Structured Credit fund which is a privately placed fund that invests in a diversified portfolio of structured credit instruments. Certain lock-up periods, redemption notification requirements, and payment holdbacks are mandatory in order to liquidate certain funds.

The methods described above may produce a fair value calculation 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.

### **4. Plan Funding**

Sparrow makes annual contributions in amounts, recommended by an independent actuary, to provide assets sufficient to meet the benefits to be paid to Plan participants. Sparrow has the right under the Plan to discontinue such contributions at any time and to terminate the Plan. The Plan has met the minimum required contributions established by Section 412 of the Internal Revenue Code to satisfy the ERISA funding standards. Sparrow met the minimum funding requirements for the Plan years ended December 31, 2024 and 2023.

## Sparrow Health System Associate Pension Plan A2

### Notes to Financial Statements

December 31, 2024

#### 5. Interest in Master Trust

The Plan's investments are in the Sparrow Health System Defined Benefit Master Trust. Each participating retirement plan in the Master Trust has a divided interest in the Master Trust. The assets of the Master Trust are held by The Bank of New York Mellon/BNY Mellon, N.A. (Mellon).

The Plan's interest in the Master Trust investment balances is determined based on the Plan's specific investment account balances. Investment income or losses and nonspecific plan administrative expenses relating to the Master Trust are allocated to the individual plans based upon the ratio of the Plan's account balance in the respective investment option, divided by the total Master Trust account balance in the respective investment option.

The net assets for the Master Trust and Plan are as follows as of December 31, 2024:

	<b>Master Trust Balance</b>	<b>Plan's Interest in Master Trust Balances</b>
Investments:		
Cash equivalents	\$ 3,959,562	\$ 2,209,449
Registered investment companies	572,691,426	248,810,466
Collective investment funds	137,963,355	36,843,736
Total investments	714,614,343	287,863,651
Plus:		
Interest receivable	4,332	2,084
Less:		
Accrued expenses	(850,482)	(343,893)
Total net assets	\$ 713,768,193	\$ 287,521,842

The investment income for the Master Trust and Plan is as follows for the year ended December 31, 2024:

	<b>Master Trust Balance</b>	<b>Plan's Interest in Master Trust Balances</b>
Interest and dividend income	\$ 21,716,815	\$ 9,577,945
Net realized and unrealized appreciation of investment	24,615,115	1,938,392
Total investment income	\$ 46,331,930	\$ 11,516,337

## Sparrow Health System Associate Pension Plan A2

### Notes to Financial Statements

December 31, 2024

#### 5. Interest in Master Trust (continued)

The net assets for the Master Trust and Plan are as follows as of December 31, 2023:

	<b>Master Trust Balance</b>	<b>Plan's Interest in Master Trust Balances</b>
Investments:		
Cash equivalents	\$ 4,173,924	\$ 2,423,936
U.S. government securities	35,087,922	35,087,922
Registered investment companies	514,225,704	219,720,165
Collective investment funds	135,034,118	38,976,905
Total investments	688,521,668	296,208,928
Plus:		
Interest receivable	3,932	2,467
Less:		
Accrued expenses	(1,514,106)	(618,982)
Total net assets	\$ 687,011,494	\$ 295,592,413

The investment income for the Master Trust and Plan is as follows for the year ended December 31, 2023:

	<b>Master Trust Balance</b>	<b>Plan's Interest in Master Trust Balances</b>
Interest and dividend income	\$ 19,203,883	\$ 8,677,356
Net realized and unrealized appreciation of investments	44,952,234	12,006,523
Total investment income	\$ 64,156,117	\$ 20,683,879

Net appreciation includes the Master Trust's gains and losses on investments bought and sold as well as held during the year. Interest income is recognized on the accrual basis of accounting. Dividend income is recorded on the ex-dividend date. Income from other securities is recorded as earned on an accrual basis.

# Sparrow Health System Associate Pension Plan A2

## Notes to Financial Statements

December 31, 2024

### 6. Party-in-Interest Transactions

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, auditor, and certain others.

The Plan paid administrative expenses to the following significant parties-in-interest for the years ended December 31:

<b>Provider</b>	<b>Relationship</b>	<b>2024</b>	<b>2023</b>
SEI Investments	Investment advisor	\$ 1,061,494	\$ 1,137,464
Mercer (US) Inc.	Actuary	521,562	368,077
The Bank of New York Mellon Corporation	Custodian	132,404	123,672

Remaining administrative expenses relate to PBGC fees and other non-significant expenses. In addition, certain Plan investments held in the Master Trust are managed by SEI or Mellon or their affiliates. SEI is the investment advisor and Mellon is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

### 7. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the caregivers. Accumulated plan benefits include benefits expected to be paid to retired or terminated caregivers with vested interests and their beneficiaries, beneficiaries of caregivers who have died, and present caregivers or their respective beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to caregiver service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for deaths, disabilities, withdrawals, or retirements) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits was calculated as of January 1, 2025 for the Plan year ended December 31, 2024, and as of January 1, 2024 for the Plan year ended December 31, 2023.

## Sparrow Health System Associate Pension Plan A2

### Notes to Financial Statements

December 31, 2024

#### 7. Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefits, rounded to the nearest thousand, are as follows as of December 31:

	<b>2024</b>	<b>2023</b>
Vested benefits:		
Retirees currently receiving benefits	\$ 286,559,000	\$ 222,457,000
Other participants	227,120,000	74,352,000
Totaled vested benefits	513,679,000	296,809,000
Nonvested benefits	5,755,000	3,083,000
Actuarial present value of accumulated plan benefits	\$ 519,434,000	\$ 299,892,000

Changes in the actuarial present value of accumulated plan benefits, rounded to the nearest thousand, are as follows for the year ended December 31:

	<b>2024</b>	<b>2023</b>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 299,892,000	\$ 328,515,000
Increase (decrease) attributable to:		
Additional benefits accumulated and (gains) losses	231,000	(472,000)
Increase for interest due to decrease in discount period	18,357,000	17,739,000
Benefits paid	(24,107,000)	(23,765,000)
Change in actuarial assumptions	2,349,000	(22,125,000)
Plan restructure	222,712,000	-
Net increase (decrease)	219,542,000	(28,623,000)
Actuarial present value of accumulated plan benefits at end of year	\$ 519,434,000	\$ 299,892,000

# Sparrow Health System Associate Pension Plan A2

## Notes to Financial Statements

December 31, 2024

### 7. Accumulated Plan Benefits (continued)

A summary of the significant actuarial assumptions used in computing plan benefits are as follows:

Life expectancy of participants                      As of December 31, 2024: Healthy and disabled participants – Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables, in accordance with IRS regulation 1.430(h)(3)-1. MSS-2024 improvement scale for healthy participants (projection scale). Revenue Ruling 96-7 for disabled pensioners.

As of December 31, 2023: Healthy and disabled participants – Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables, in accordance with IRS regulation 1.430(h)(3)-1. MSS-2023 improvement scale for healthy participants (projection scale). Revenue Ruling 96-7 for disabled participants.

Excluded participants                      There are no participants in 2024 or 2023 that were not expected to accrue sufficient hours to qualify for a pension and were excluded from the valuation. No actuarial liability is included for nonvested participants who terminated prior to the end of the year.

Discount rate                                      Rate of 6.20% as of December 31, 2024 and 6.40% as of December 31, 2023.

Salary increases	Attained	Salary Increase
	Age	
	35	4.70% as of December 31, 2024
	40	4.30% as of December 31, 2024
	45	3.80% as of December 31, 2024
	50	3.40% as of December 31, 2024
	55	2.90% as of December 31, 2024
	60+	2.50% as of December 31, 2024

4.00% per year as of December 31, 2023 for all ages.

# Sparrow Health System Associate Pension Plan A2

## Notes to Financial Statements

December 31, 2024

### 7. Accumulated Plan Benefits (continued)

Inflation 2.20% per year as of December 31, 2024 and 2023.

Retirement age Retirement rates vary by age and eligibility for Supplemental Early Retirement Benefit (SERB).

Assumed rates as of December 31, 2024 for active participants continuing to accrue benefits:

Age	Eligible for SERB	Not Eligible for SERB
Under 55	0%	0%
55 – 60	7%	5%
61 – 63	15%	13%
64	27%	13%
65	53%	40%
66 – 70	39%	31%
71+	100%	100%

Assumed rates as of December 31, 2023 for active participants continuing to accrue benefits:

Age	Eligible for SERB	Not Eligible for SERB
55 – 59	20%	10%
60	20%	15%
61	35%	25%
62	50%	25%
63	35%	25%
64	60%	30%
65	80%	35%
66	60%	40%
67 – 70	60%	45%
71+	100%	100%

## Sparrow Health System Associate Pension Plan A2

### Notes to Financial Statements

December 31, 2024

#### 7. Accumulated Plan Benefits (continued)

Withdrawal rates	Attained Age	Withdrawal Rate
	25	9.90% as of December 31, 2024 and 7.36% as of December 31, 2023
	30	6.49% as of December 31, 2024 and 6.90% as of December 31, 2023
	35	5.28% as of December 31, 2024 and 6.45% as of December 31, 2023
	40	4.73% as of December 31, 2024 and 5.39% as of December 31, 2023
	45	5.51% as of December 31, 2024 and 4.35% as of December 31, 2023
	50	4.79% as of December 31, 2024 and 3.52% as of December 31, 2023
	55	0.00% as of December 31, 2024 and 2.84% as of December 31, 2023
Expected investment return	6.00% for the 2025 and 2024 plan year.	
Cash balance interest crediting rate	3.60% for future years as of December 31, 2024 and 3.10% for future years as of December 31, 2023.	

These actuarial assumptions were based on the presumption that the Plan will continue. Actuarial assumptions related to salary increases, retirement age, and withdrawal rates, were updated as of December 31, 2024 based on a recent experience study using data from the 2019 to 2023 plan years. The \$222,712,000 increase in the actuarial present value of accumulated plan benefits for the year ended December 31, 2024 was calculated by the actuary and relates to the plan restructure with the A1 plan as of December 31, 2024, as discussed in Note 1. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Should the Plan be terminated at some future time, its assets generally will not be available on a pro rata basis to provide participants' benefits.

Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits as determined in accordance with ERISA and its applicable regulations, and with the Plan document, and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at the time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

## Sparrow Health System Associate Pension Plan A2

### Notes to Financial Statements

December 31, 2024

#### 8. Investments – Unaudited Information

Mellon (Trustee) holds the Plan’s investments and executes all investment transactions. The Plan’s interest in the Master Trust, investment income related to the Plan’s interest in the Master Trust, investment balances, and investment income information included in the accompanying financial statements, including Master Trust investment information included in Note 5, are based solely on information provided by the Trustee. This certified information has not been audited by independent auditors.

#### 9. Fair Value Measurements

The following table summarizes the Master Trust’s investments measured at fair value on a recurring basis as of December 31, 2024, aggregated by the level in the fair value hierarchy within which those measurements are determined:

	Fair Value Measurements as of December 31, 2024			
	Master Trust Balance	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Registered investment companies	\$ 572,691,426	\$ 572,691,426	\$ -	\$ -
Cash equivalents	3,959,562	3,959,562	-	-
Total investments in the fair value hierarchy	576,650,988	576,650,988	-	-
Investments measured at net asset value as a practical expedient	137,963,355	-	-	-
Total investments	\$ 714,614,343	\$ 576,650,988	\$ -	\$ -

## Sparrow Health System Associate Pension Plan A2

### Notes to Financial Statements

December 31, 2024

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

The following table summarizes the Master Trust's investments measured at fair value on a recurring basis as of December 31, 2023, aggregated by the level in the fair value hierarchy within which those measurements are determined:

	Fair Value Measurements as of December 31, 2023			
	Master Trust Balance	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
U.S. government securities	\$ 35,087,922	\$ 35,087,922	\$ -	\$ -
Registered investment companies	514,225,704	514,225,704	-	-
Cash equivalents	4,173,924	4,173,924	-	-
Total investments in the fair value hierarchy	553,487,550	553,487,550	-	-
Investments measured at net asset value as a practical expedient	135,034,118	-	-	-
Total investments	\$ 688,521,668	\$ 553,487,550	\$ -	\$ -

#### 10. Tax Status

The Internal Revenue Service has determined and informed Sparrow by a letter dated March 23, 2018 that the Plan and related trust were designed in accordance with applicable regulations of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. Plan management believes that the Plan is currently designed and operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Generally, tax years 2021 through current remain open to examination. The Plan does not believe that the results from any examination of these open years would have a material adverse effect on the Plan.

# Sparrow Health System Associate Pension Plan A2

## Notes to Financial Statements

December 31, 2024

### **11. Risks and Uncertainties**

Cash at times during the year may include amounts in excess of FDIC insurance limits.

The Plan invests in a master trust that provides for various investment options. Investment securities are exposed to various risks, including interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain investment securities and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is reasonably possible that changes in values of investment securities in the near term could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are 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.

The Plan is currently under audit by the United States Department of Labor (DOL). The audit is ongoing, and the outcome cannot be determined at this time. Management does not expect the audit to have a material impact on the Plan's financial statements.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial assumptions for January 1, 2024 funding valuation**

<b>Discount rate sponsor elections</b>		
• Segment rates or full yield curve	Segment	
• Look-back months	4	
	<b>Stabilized</b>	<b>Nonstabilized</b>
• First 5 years	4.75%	3.62%
• Next 15 years	4.87%	4.46%
• Over 20 years	5.59%	4.52%
– Rationale	Selected from a set of allowable alternatives, as prescribed by the IRS	
<b>Mortality sponsor elections</b>		
• Healthy participants	Section 430(h)(3) prescribed generational annuitant and nonannuitant mortality tables for 2024 plan year funding valuations, in accordance with IRS regulation 1.430(h)(3)-1.	
• Pre-1995 disabilities	Revenue Ruling 96-7 table for participants who became disabled before 1995	
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits	
– Rationale	Selected from a set of allowable alternatives, as prescribed by the IRS	
<b>Lump sums / cash balance</b>	The only lump sums valued are Cash Balance accounts and do not require conversions. For valuation purposes, Cash Balance accounts are given 3.10% interest credits in future years (the estimated long-term nominal 5-year yield from the January 2024 Mercer Capital Markets Outlook.)	
<b>Other economic assumptions</b>		
• Salary increases	4.00% per year	
- Rationale	This assumption is based on an experience study covering the 2014 through 2018 plan years, adjusted to reflect management's expectation for the future.	
• Flat-dollar benefit increases	None	
• Inflation	2.20% per year	
- Rationale	This assumption is based on historical experience and the inflation assumption periodically published by Mercer Investment Consulting in their Capital Markets Outlook as of January 2024.	
• Expected investment return	6.00% for the 2024 plan year, 6.00% for the 2023 plan year; and 5.25% for the 2022 plan year.	
- Rationale	The expected rate of return on plan assets is based on the median simulated investment return using capital market assumptions published in Mercer Investment Consulting's Capital Markets Outlook as of January 2024 for the plans' target asset mix rounded to the nearest 25 bps (without an adjustment for investment expenses, as those are explicitly included in the expense load).	
• Expenses	\$3,800,000	

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

- Rationale	Based on the actuary’s best estimate of the administrative and investment expenses expected to be paid from plan assets during the year.																																				
• Retirement age	<p style="text-align: center;"><b>Retirements are assumed to occur in accordance with the following schedule</b></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Attained age</th> <th style="text-align: center;">SERB Eligible</th> <th style="text-align: center;">Not SERB Eligible</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Under 55</td> <td style="text-align: center;">0%</td> <td style="text-align: center;">0%</td> </tr> <tr> <td style="text-align: center;">55-59</td> <td style="text-align: center;">20%</td> <td style="text-align: center;">10%</td> </tr> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">20%</td> <td style="text-align: center;">15%</td> </tr> <tr> <td style="text-align: center;">61</td> <td style="text-align: center;">35%</td> <td style="text-align: center;">25%</td> </tr> <tr> <td style="text-align: center;">62</td> <td style="text-align: center;">50%</td> <td style="text-align: center;">25%</td> </tr> <tr> <td style="text-align: center;">63</td> <td style="text-align: center;">35%</td> <td style="text-align: center;">25%</td> </tr> <tr> <td style="text-align: center;">64</td> <td style="text-align: center;">60%</td> <td style="text-align: center;">30%</td> </tr> <tr> <td style="text-align: center;">65</td> <td style="text-align: center;">80%</td> <td style="text-align: center;">35%</td> </tr> <tr> <td style="text-align: center;">66</td> <td style="text-align: center;">60%</td> <td style="text-align: center;">40%</td> </tr> <tr> <td style="text-align: center;">67-70</td> <td style="text-align: center;">60%</td> <td style="text-align: center;">45%</td> </tr> <tr> <td style="text-align: center;">71+</td> <td style="text-align: center;">100%</td> <td style="text-align: center;">100%</td> </tr> </tbody> </table>	Attained age	SERB Eligible	Not SERB Eligible	Under 55	0%	0%	55-59	20%	10%	60	20%	15%	61	35%	25%	62	50%	25%	63	35%	25%	64	60%	30%	65	80%	35%	66	60%	40%	67-70	60%	45%	71+	100%	100%
Attained age	SERB Eligible	Not SERB Eligible																																			
Under 55	0%	0%																																			
55-59	20%	10%																																			
60	20%	15%																																			
61	35%	25%																																			
62	50%	25%																																			
63	35%	25%																																			
64	60%	30%																																			
65	80%	35%																																			
66	60%	40%																																			
67-70	60%	45%																																			
71+	100%	100%																																			
- Rationale	The retirement rates are based on an experience study using data from the 2014 to 2018 plan years and the expectation that the future retirement patterns will not differ significantly from the period studied.																																				
• Disability incidence	1985 Pension Disability Study Class 1 Sex-distinct table																																				
• Withdrawal	<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Attained age</th> <th style="text-align: center;">Withdrawal Rate</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">25</td> <td style="text-align: center;">7.36%</td> </tr> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">6.90%</td> </tr> <tr> <td style="text-align: center;">35</td> <td style="text-align: center;">6.45%</td> </tr> <tr> <td style="text-align: center;">40</td> <td style="text-align: center;">5.39%</td> </tr> <tr> <td style="text-align: center;">45</td> <td style="text-align: center;">4.35%</td> </tr> <tr> <td style="text-align: center;">50</td> <td style="text-align: center;">3.52%</td> </tr> <tr> <td style="text-align: center;">55</td> <td style="text-align: center;">2.84%</td> </tr> </tbody> </table>	Attained age	Withdrawal Rate	25	7.36%	30	6.90%	35	6.45%	40	5.39%	45	4.35%	50	3.52%	55	2.84%																				
Attained age	Withdrawal Rate																																				
25	7.36%																																				
30	6.90%																																				
35	6.45%																																				
40	5.39%																																				
45	4.35%																																				
50	3.52%																																				
55	2.84%																																				
- Rationale	Termination rates were developed based on an experience study using data from the 2009 to 2012 plan years and reviewed to be reasonable based on data from the 2014 to 2018 plan years. The plan sponsor believes that this period will be representative of anticipated future experience.																																				
• Benefit commencement age for																																					
- Future vested deferred	65																																				
- Current vested deferred	65, or attained age if later																																				
- Rationale	Deferred vested participants are assumed to retire at the age when benefits are first available on an unreduced basis. This assumption was reviewed for reasonability based on data from the 2014 to 2018 plan years.																																				

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

• Spouse assumptions	<b>Male participants</b>	<b>Female participants</b>		
– Percentage married	100%	100%		
– Spouse age difference	3 years younger	3 years older		
• <b>Social security eligibility upon disablement</b>	It is assumed all participants who become disabled will be eligible for Social Security disability benefits			
<b>Form of payment</b>	<b><u>Single life</u></b>	<b><u>50% J&amp;S</u></b>	<b><u>75% J&amp;S</u></b>	<b><u>100% J&amp;S</u></b>
• Active retirements	75%	10%	5%	10%
• Future vested deferred	75%	10%	5%	10%
• Future disabilities	100%	0%	0%	0%
• Future deaths	0%	0%	0%	100%
• Current vested deferred	75%	10%	5%	10%
– Rationale	The form of payment assumption is based on recent participant elections. This assumption was reviewed for reasonability based on data from the 2014 to 2018 plan years.			
• <b>Unpredictable contingent event assumptions</b>	Not applicable.			

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods****Actuarial Methods for Funding****Asset Methods**

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

**Participant Methods**

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Transferred participants:** The liabilities for employees who have transferred into another business unit of the plan sponsor have been included with the liabilities for active participants.
- **Disabled participants:** The liabilities for participants on long-term disability have been included with the liabilities for inactive participants.

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

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

***Schedule SB, line 24 — Change in Actuarial Assumptions***

**Actuarial assumption changes since prior valuation**

- Expected expenses were updated to \$3,800,000 for the 2024 plan year.

**Schedule SB, Part V — Summary of Plan Provisions**

**Summary of major plan provisions**

**Sparrow Health System Associate Pension Plan A2**

Effective date and plan year	Original plan: January 1, 2017 Restated plan: N/A Plan year: January 1 - December 31.
Status of the plan	New caregivers are not eligible to participate in the plan.
Significant events that occurred during the year	None
<b>Definitions</b>	
<ul style="list-style-type: none"> <li>Covered employees</li> </ul>	<p>Participation is based on the later of date of hire or the January 1 following the attainment of age 20½.</p> <p>Effective January 1, 2008, non-union and UAW caregivers as of December 31, 2007 were given a one-time opportunity to irrevocably elect to waive the opportunity to earn future benefit accruals under the Plan. Special rules apply for rehires and caregivers who were not yet eligible to participate as of January 1, 2008. Effective January 1, 2009, the same choice was offered to MNA caregivers as of December 31, 2008.</p> <p>Newly hired caregivers are not eligible to participate in the plan.</p>
<ul style="list-style-type: none"> <li>Employee contributions</li> </ul>	None
<ul style="list-style-type: none"> <li>Vesting service</li> </ul>	<p>For employment prior to January 1, 1976, vesting service is credited for all periods for which a Participant receives benefit service as described below. For employment after January 1, 1976, one year of vesting service is credited for a computation period that the participant has 1,000 hours of service.</p>
<ul style="list-style-type: none"> <li>Credited service</li> </ul>	<p>For employment prior to January 1, 1976, a full time caregiver receives one month of benefit service for any calendar month where an Hour of Service was credited.</p> <p>For employment after January 1, 1976, one year of benefit service for any Plan Year the Participant worked 1,800 hours for the employer or Mason General Hospital. If a participant works 1,000 hours, then 6/10 of a year of service is credited.</p> <p>If a participant has more than 1,000 but less than 1,800 hours, benefit service is given based on a fraction of the number of hours worked divided by 1,800 (rounded to next highest 1/10). No benefit service is credited if less than 1,000 hours were worked. Special rules apply in year of retirement. There are also special rules based on employment with certain adopting employers and for Transferred Employees.</p> <p>No benefit service is credited prior to age 20½.</p> <p>Benefit service is frozen for any caregiver who elected to receive future retirement benefits in a deferred compensation arrangement. Although special rules can apply, rehired associates are provided retirement benefits in a deferred compensation arrangement and are only entitled to future vesting service on their benefits accrued prior to being rehired.</p>

**Schedule SB, Part V — Summary of Plan Provisions**

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• Pensionable earnings	Non-Transferred Employees: Form W-2 wages divided by a fraction (not to exceed one) equal to Hours of Service for the year divided by 2,080. Non-periodic pay (i.e. bonuses) will be included in pay, but not annualized. This definition also applies to Transferred Employees' compensation paid after December 31, 1998.
• Average Final compensation	Highest 5 consecutive years of Compensation out of the last 10 years of employment divided by 60. This definition also applies to Transferred Employees' compensation paid after December 31, 1998.

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**Normal retirement**

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• Eligibility	A member shall be eligible to retire on the later of the date the Participant attains age 65 or the Participant's fifth anniversary of participation in the Plan.
• Benefit	Effective December 31, 2010 for non-represented caregivers and caregivers whose benefits are collectively bargained for with the UAW, and December 31, 2011 for caregivers whose benefits are collectively bargained for with the MNA, a change in the formula used to calculate retirement benefits under this plan was adopted. Subject to limited grandfathering, caregivers will have their accrued benefit frozen as of December 31, 2010 (December 31, 2011 for MNA caregivers), with additional future benefits being earned at the annual rate of 1.5% of pensionable earnings.

Frozen benefits as of December 31, 2010 (December 31, 2011 for MNA caregivers) are calculated as follows:

For Sparrow Associates, greater of the following:

1. 1.3% of final average compensation times years of benefit service (maximum 40) plus 0.65% of final average compensation in excess of covered compensation times years of benefit service (maximum 35)
2. The participant's accrued benefit on December 31, 1988 plus 1.3% of final average compensation times years of benefit service after December 31, 1988 (maximum 40 years of combined service) plus 0.65% of final average compensation in excess of covered compensation times years of benefit service after December 31, 1988 (maximum 35 years of combined service)
3. If the participant is a UAW member, \$20 (\$22.50 effective December 1, 2003, \$25.00 effective December 1, 2006 and \$30 effective December 1, 2011) times total years of benefit service
4. A Social Security offset formula based on service while a nonhighly compensated employee for participants on December 31, 1988. Accruals under this formula cease if and when an eligible nonhighly compensated participant becomes highly compensated.

For former St. Lawrence associates, the greater of the following:

1. 1.1% of final average compensation up to 50% of the average Social Security wage base for the latest 5 years times years of benefit service earned prior to 1999 plus 1.65% of final average compensation in excess of 50% of the average Social Security wage base for the latest 5 years times years of benefit service earned prior to 1999 (maximum of 35 years)
-

**Schedule SB, Part V — Summary of Plan Provisions**

- 2. 1.3% of final average compensation times years of benefit service earned after December 31, 1998 (maximum 40 years including benefit service earned before 1999) plus 0.65% of final average compensation in excess of covered compensation times years of benefit service earned after December 31, 1998 (maximum 35 years including benefit service earned before 1999)
- 3. \$20.00 (\$22.50 effective December 1, 2003, \$25.00 effective December 1, 2006 and \$30.00 effective December 31, 2011) times total years of benefit service

Some former St. Lawrence associates also have a frozen cash balance account that was accrued from a prior plan and is maintained in this plan with interest credits only.

**Early retirement**

- **Eligibility**  
 An employee is eligible for an early retirement allowance upon attaining age 55 and completing either five years of Vesting Service or five years of Benefit Service.  
 A Participant who has attained age 55 with at least 25 Years of Service for Vesting while employed at an Adopting Employer is eligible for the Social Security Supplemental Benefit. In the case of former St. Lawrence caregivers, age 55 and 25 years of vesting service earned after 1998.

- **Benefit**  
 The early retirement allowance will be the Normal Retirement accrued benefit reduced for each month prior to age 65. See the table below for factors.  
 In addition, a Social Security Supplemental Benefit is payable beginning at Early Retirement and ending at Normal Retirement. This supplement is equal to 1.00% of Final Average Compensation multiplied by Years of Benefit Service (max of 40 Years). The supplement is limited to \$1,333.33 (or \$1,400 for UAW caregivers) per month, unless 1.00% of Final Average Compensation as of December 31, 1998 multiplied by Years of Benefit Service as of December 31, 1998 if greater.  
 Effective December 15, 2008, caregivers meeting certain eligibility requirements were offered the opportunity to retire with enhanced benefits. The age and service used to determine the benefits payable for these participants were enhanced by adding 3 years to each.

Early Commencement Age	Sparrow Caregivers	Former St. Lawrence Caregivers	
		Pre 1999	Post 1999 & UAW Minimum
65	1.000	1.00	1.000
64	0.923	0.95	0.923
63	0.846	0.90	0.846
62	0.769	0.85	0.769
61	0.731	0.80	0.731
60	0.692	0.75	0.692

**Schedule SB, Part V — Summary of Plan Provisions**

	59	0.654	0.70	0.654
	58	0.615	0.65	0.615
	57	0.577	0.60	0.577
	56	0.529	0.55	0.529
	55	0.486	0.50	0.486

**Late retirement**

• Eligibility	Working beyond normal retirement age.
• Benefit	The administrator provides suspension of benefits notices prior to Normal Retirement Date. Therefore, the postponed retirement benefit shall include the normal retirement benefit as of the normal retirement date increased to reflect all benefit service earned and compensation paid after the normal retirement date. If the late retirement is date after age 70½, then the postponed retirement benefit shall also be increased by an actuarial adjustment for the period after age 70½ and prior to benefit commencement date.

**Deferred vested**

• Eligibility	Five Years of Service for Vesting and termination of employment from all adopting employers prior to Normal Retirement, other than by death, entitles a member to a deferred vested retirement allowance.
• Benefit	The Normal Retirement Basic Monthly Benefit allowance for all participants after five Years of Service for Vesting. The benefit is reduced if payment is made before age 65 in accordance with the early retirement benefit factor table above.

**Disability**

• Eligibility	Active Transferred Employees having completed five Years of Service for Vesting, and either qualified for a social security disability benefit or because of a physician’s examination, been determined to be totally incapacitated on or before December 31, 1998, the Transferred Employee shall be eligible for a disability retirement allowance.
• Benefit	The disability retirement allowance will be the Active accrued benefit determined as of the Disability Retirement Date.

**Pre-retirement death**

• Eligibility	Death of a married member, after having fulfilled vesting eligibility, entitles the surviving spouse or eligible beneficiary to a benefit provided an optional retirement allowance was not elected.
• Benefit	The actuarial present value of the participant’s vested accrued benefit as of the date of death. In addition, the actuarial present value of the supplemental early retirement benefit is paid to the beneficiary of those participants with 25 or more years of service at date of death.

**Form of benefits**

• Automatic form for unmarried participants	Life annuity
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**Schedule SB, Part V — Summary of Plan Provisions**

<ul style="list-style-type: none"> <li>Automatic form for married participants</li> </ul>	<p>Actuarially reduced 50% contingent annuity which pays the full benefit for the lifetime of the employee, and after the employee’s death pays 50% of the benefit to the surviving spouse or designated beneficiary for life.</p>
<ul style="list-style-type: none"> <li>Optional forms</li> </ul>	<p>Life annuity                  Life annuity with 5 or 10 year period certain                  Joint and 50%, 75% or 100% Survivor annuity                  Social Security leveling option for early retirement benefits                  Death benefits and cash balance accounts may be payable as a lump sum</p>
<ul style="list-style-type: none"> <li>Optional form conversion factors</li> </ul>	<p>For conversions of non-transfer benefits and the leveling income option, 417(e) mortality with 6.00% interest is used.                  For transfer-related benefits, the basis for the five year certain and life option is the same as for non-transfer benefits, the conversion factor for the ten year certain and life form is 0.95, and the conversion to joint and survivor options uses tabular factors based on the age difference between participant and spouse. Lump sums of cash balance accounts are converted using 417(e) mortality and interest.</p>
<p><b>Miscellaneous</b></p>	
<ul style="list-style-type: none"> <li>Maximum compensation</li> </ul>	<p>Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.</p>
<ul style="list-style-type: none"> <li>Maximum benefits</li> </ul>	<p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.</p>

**Schedule SB, Part V — Summary of Plan Provisions****Provisions for Former Participants of the Clinton Memorial Hospital Pension Plan**

<b>Definitions</b>	
• Covered employees	Participants must meet the following requirements: <ol style="list-style-type: none"> <li>Participant in the Clinton Memorial Hospital Supplemental Retirement Plan as of December 31, 2002</li> <li>Properly executing a Waiver of Rights under the Clinton Memorial Hospital Supplemental Retirement Plan Agreement</li> <li>Appearing on Schedule A of the Sparrow Health System Associate Pension Plan A2</li> </ol>
• Benefit	Monthly benefit equal to the amount specified in Schedule A of the Sparrow Health System Associate Pension Plan A2.
<b>Normal retirement</b>	
• Eligibility	Age 65
• Benefit	Monthly benefit equal to the amount specified in Schedule A of the Sparrow Health System Associate Pension Plan A2.
<b>Early retirement</b>	
• Eligibility	Age 55
• Benefit	The monthly Normal Retirement Benefit reduced by 1/3 of 1% for each month that Early Retirement precedes Normal Retirement.
<b>Pre-retirement death</b>	
• Eligibility	Payable to the participant's surviving spouse if the participant and the spouse have been married for at least one year prior to the participant's death.
• Benefit	Qualified Pre-retirement Survivor Annuity (QPSA) is 50% of the benefit the participant would have received had the participant retired on the first day of the month following the date of death (age 55 if later) and elected the actuarially reduced 50% Joint and Survivor annuity.
<b>Form of benefits</b>	
• Automatic form for unmarried participants	Life annuity
• Automatic form for married participants	Actuarially equivalent 50% joint and survivor annuity.
• Optional forms	Life annuity Life annuity with 5 or 20 year period certain Joint and 50% or 100% Survivor annuity
<b>Miscellaneous</b>	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

**Schedule SB, Part V — Summary of Plan Provisions**

**Provisions for Former Participants of the Carson City Hospital Hourly and Salaried Employees’ Retirement Plan**

<b>Definitions</b>	
• Covered employees	This plan covers those employees who were participants as of June 30, 1995. Employees hired on or after July 1, 1995 are not eligible for participation in the plan.
• Benefit	Frozen monthly benefit as of July 1, 1995.
<b>Normal retirement</b>	
• Eligibility	Age 65
• Benefit	Frozen monthly benefit as of July 1, 1995.
<b>Early retirement</b>	
• Eligibility	Age 55 and 10 years of service
• Benefit	The monthly Normal Retirement Benefit reduced by 1/2 of 1% for each month that Early Retirement precedes Normal Retirement. Participants who have at least 20 years of service and have attained age 55 are eligible for unreduced early retirement benefits.
<b>Pre-retirement death</b>	
• Eligibility	Death of a married member, after having fulfilled vesting eligibility, entitles the surviving spouse to a benefit.
• Benefit	Qualified Pre-retirement Survivor Annuity (QPSA) is 50% of the benefit the participant would have received had the participant retired on the first day of the month following the date of death (age 55 if later), elected the actuarially reduced 50% Joint and Survivor annuity and died the next day.
<b>Form of benefits</b>	
• Automatic form for unmarried participants	Life annuity.
• Automatic form for married participants	Actuarially equivalent 50% joint and survivor annuity.
• Optional forms	Lump Sum Joint with 66 2/3%, 75% or 100% Survivor Benefit
• Optional form conversion factors	Mortality - UP84 Interest – 8.00%
<b>Miscellaneous</b>	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

## Schedule SB, Part V — Summary of Plan Provisions

### Benefits included or excluded

Unless noted below, all benefits provided by the plan, as stated in the original plan document effective January 1, 2017 are included in this valuation.

- **Most recent plan amendments included:** None. Plan A2 is effective January 1, 2017.
- **Plan amendments excluded:** None.
- **Late retirement increases:**
  - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement so late retirement increases are not included in the valuation.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Sections 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

### Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.  
*Benefit accruals:* The plan's funding target does not reflect any limitation on benefit. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

### Plan provision changes since prior valuation

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public  
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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  
SPARROW HEALTH SYSTEM ASSOCIATE PENSION PLAN A2

**B** Three-digit plan number (PN) ▶ 007

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  
Sparrow Health System

**D** Employer Identification Number (EIN)  
38-2542859

**E** Type of plan:  Single  Multiple-A  Multiple-B

**F** Prior year plan size:  100 or fewer  101-500  More than 500

**Part I Basic Information**

**1** Enter the valuation date: Month 01 Day 01 Year 2024

<b>2</b> Assets:	
<b>a</b> Market value.....	<b>2a</b> <u>300,429,753</u>
<b>b</b> Actuarial value.....	<b>2b</b> <u>321,726,795</u>

<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	<u>1,708</u>	<u>244,067,202</u>	<u>244,067,202</u>
<b>b</b> For terminated vested participants .....	<u>1,339</u>	<u>62,162,567</u>	<u>62,162,567</u>
<b>c</b> For active participants.....	<u>740</u>	<u>24,581,635</u>	<u>27,958,120</u>
<b>d</b> Total.....	<u>3,787</u>	<u>330,811,404</u>	<u>334,187,889</u>

**4** If the plan is in at-risk status, check the box and complete lines (a) and (b).....

<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	<b>4b</b>

**5** Effective interest rate..... **5** 5.09%

<b>6</b> Target normal cost	
<b>a</b> Present value of current plan year accruals .....	<b>6a</b> <u>0</u>
<b>b</b> Expected plan-related expenses .....	<b>6b</b> <u>3,800,000</u>
<b>c</b> Target normal cost.....	<b>6c</b> <u>3,800,000</u>

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

**SIGN HERE** JDV

Signature of actuary

Jessica DiGregorio-Vanderhoef

Type or print name of actuary

MERCER

Firm name

ONE TOWNE SQUARE  
SOUTHFIELD MI 48076

Address of the firm

9/5/2025

Date

2308957

Most recent enrollment number

248-450-9333

Telephone number (including area code)

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:

<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4

**22** Weighted average retirement age ..... **22** 60

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

**Part VI Miscellaneous Items**

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

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

**26** Demographic and benefit information

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

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

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

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

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

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

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

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	3,800,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	12,461,094	1,178,747
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	4,978,747
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....			0

<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	4,978,747
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<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	4,979,336
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**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	589
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	

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

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

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

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 60.

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10.00%	10,000	1,000	55,000
56	10.00%	9,000	900	50,400
57	10.00%	8,100	810	46,170
58	10.00%	7,290	729	42,282
59	10.00%	6,561	656	38,704
60	15.00%	5,905	886	53,160
61	25.00%	5,019	1,255	76,555
62	25.00%	3,764	941	58,342
63	25.00%	2,823	706	44,478
64	30.00%	2,117	635	40,640
65	35.00%	1,482	519	33,735
66	40.00%	963	385	25,410
67	45.00%	578	260	17,420
68	45.00%	318	143	9,724
69	45.00%	175	79	5,451
70	45.00%	96	43	3,010
71	100.00%	53	53	3,763
Total			10,000	604,244
Average				60.42

**Schedule SB, line 26 — Schedule of Active Participant Data**

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25											
25-29											
30-34											
35-39	2	30	4								36
		722									
40-44	2	89	61	4							156
		1,252	3,944								
45-49	1	62	70	20							153
		1,858	4,502	9,832							
50-54	11	47	53	32	13						156
		1,934	5,780	8,648							
55-59	12	38	42	20	13	8	1				134
		1,809	4,786	8,813							
60-64	13	15	23	17	4	4	2				78
			5,042								
65-69	2	6	8	4	1						21
70 & up		4	1	1							6
Total	43	291	262	98	31	12	3				740

In each cell, the number is the count of active participants for each age/service combination and the bottom number is average accrued benefit. Average accrued benefit is not shown for cells with fewer than 20 participants.

## Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	400,380	983,342	23,321,893	24,705,615
2025	757,137	1,488,621	22,739,441	24,985,199
2026	1,042,815	1,878,110	22,186,090	25,107,015
2027	1,287,393	2,377,426	21,638,393	25,303,212
2028	1,486,439	2,823,911	21,024,101	25,334,451
2029	1,677,980	3,031,479	20,393,746	25,103,205
2030	1,778,590	3,473,918	19,734,173	24,986,681
2031	1,902,658	3,706,187	19,029,060	24,637,905
2032	1,988,856	3,903,584	18,286,420	24,178,860
2033	2,022,382	4,208,953	17,507,485	23,738,820
2034	2,069,274	4,420,242	16,690,645	23,180,161
2035	2,083,038	4,590,240	15,840,686	22,513,964
2036	2,097,123	4,788,304	14,959,675	21,845,102
2037	2,091,749	4,867,156	14,051,989	21,010,894
2038	2,091,995	4,935,239	13,123,024	20,150,258
2039	2,068,332	4,977,683	12,179,244	19,225,259
2040	2,050,913	5,030,707	11,228,121	18,309,741
2041	2,039,148	5,082,525	10,278,023	17,399,696
2042	2,023,368	5,051,410	9,338,009	16,412,787
2043	1,996,119	5,022,125	8,417,426	15,435,670
2044	1,964,330	5,007,511	7,525,521	14,497,362
2045	1,931,366	4,978,041	6,671,028	13,580,435
2046	1,892,426	4,919,367	5,861,815	12,673,608
2047	1,854,871	4,834,519	5,104,652	11,794,042
2048	1,808,520	4,737,370	4,404,965	10,950,855
2049	1,760,844	4,602,941	3,766,607	10,130,392
2050	1,705,554	4,428,453	3,191,796	9,325,803
2051	1,647,131	4,231,271	2,681,070	8,559,472
2052	1,582,085	4,023,287	2,233,332	7,838,704
2053	1,514,199	3,797,857	1,846,084	7,158,140
2054	1,444,009	3,567,116	1,515,631	6,526,756
2055	1,371,650	3,332,699	1,237,381	5,941,730
2056	1,297,543	3,098,944	1,006,169	5,402,656
2057	1,222,152	2,868,020	816,512	4,906,684
2058	1,145,950	2,641,926	662,891	4,450,767
2059	1,069,431	2,422,495	539,947	4,031,873
2060	993,098	2,211,309	442,635	3,647,042
2061	917,458	2,009,656	366,349	3,293,463
2062	843,024	1,818,572	306,977	2,968,573
2063	770,266	1,638,739	260,958	2,669,963
2064	699,635	1,470,523	225,276	2,395,434
2065	631,554	1,314,053	197,447	2,143,054
2066	566,398	1,169,227	175,476	1,911,101
2067	504,484	1,035,768	157,807	1,698,059
2068	446,078	913,261	143,255	1,502,594
2069	391,380	801,185	130,933	1,323,498
2070	340,552	699,006	120,191	1,159,749
2071	293,718	606,182	110,572	1,010,472
2072	250,949	522,190	101,764	874,903
2073	212,265	446,545	93,575	752,385

**Schedule SB, line 32 – Schedule of Amortization Bases**

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2023 installment
2023	\$	10,091,187	14	\$ 963,132
2024		2,369,907	15	215,615
<b>Total</b>	\$	<b>12,461,094</b>		\$ <b>1,178,747</b>



## Notice to Terminated Enrolled Actuary

To Whom It May Concern:

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2024 Form 5500, Annual Return/Report of Employee Benefit Plan, for the **Sparrow Health System Associate Pension Plan A2**. This Form 5500 is identified in line 2b by the nine-digit EIN 38-2542859, and in line 1b by the three-digit PN 007.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, DC 20210

*Teresa Zndiarsic*

[Teresa Zndiarsic \(Sep 7, 2025 08:52:51 EDT\)](#)

09/07/2025

Signature of Plan Administrator

Date

### Explanation of termination of enrolled actuary:

Kristy Thornton is no longer employed at Mercer; the Enrolled Actuary has been changed from Kristy Thornton (EA# 23-05881) to Jessica DiGregorio-Vanderhoef (EA# 23-08957).

Human Resources

38-2542859

**Federal Statements**  
**Sparrow Health System Associate Pension Plan A2**  
**Plan: 007**

**Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
		ER CONTR. RECEIVABLE	\$ 5,146,002	\$ 5,146,002