

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>UC HEALTH RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>006</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UC HEALTH, LLC</u></p> <p><u>3200 BURNET AVENUE</u> <u>CINCINNATI, OH 45229</u></p>	<p>1c Effective date of plan <u>01/01/1999</u></p> <p>2b Employer Identification Number (EIN) <u>31-1435820</u></p> <p>2c Plan Sponsor's telephone number <u>513-585-6947</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	MARJORIE E JONES ZYBLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	CHARMAINE ROCHESTER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	5100
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1736
	6a(2)	1559
	6b	1600
	6c	1357
	6d	4516
	6e	223
	6f	4739
	6g(1)	
6g(2)		
6h		1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

- a Pension Schedules**
- (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)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan <u>UC HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UC HEALTH, LLC</u>	D Employer Identification Number (EIN) <u>31-1435820</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>234873031</u>
	b Actuarial value	2b	<u>244760400</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1753</u>	<u>142263050</u>
	b For terminated vested participants	<u>1622</u>	<u>59269133</u>
	c For active participants	<u>1736</u>	<u>69685873</u>
	d Total	<u>5111</u>	<u>271218056</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.16 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>3622143</u>
	c Target normal cost	6c	<u>3622143</u>

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

SIGN HERE			
	Signature of actuary	<u>09/09/2025</u>	Date
	<u>BLAKE A. BAIETTO</u>	<u>23-06524</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>216-937-4000</u>	Telephone number (including area code)
	<u>1001 LAKESIDE AVENUE SUITE 1500 CLEVELAND, OH 44114-1172</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5019548
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5019548
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>10.86</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	90.24 %
15	Adjusted funding target attainment percentage	15	90.24 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2024	1410002	0	06/30/2025	1740000	0
07/15/2024	1410002	0			
09/13/2024	479774	0			
10/15/2024	928078	0			
01/15/2025	1410002	0			
04/15/2025	530000	0			
Totals ▶			18(b)	7907858	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	7565734

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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 64
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	3622143	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	26457656	2644531	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	6266674	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	6266674	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	7565734	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1299060	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

A Name of plan UC HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

TOWERS WATSON DELAWARE

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	635278	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FUND EVALUATION GROUP, LLC

01-0694771

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	217558	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERNST & YOUNG LLP

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	41200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STATE STREET RETIREE SERVICES

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	49425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK & TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	30360	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DELOITTE & TOUCHE LLP

13-3891517

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	9876	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UC HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1701278	3680002
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1323724	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3114943	3455407
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	148178750	142790817
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	81349261	86638744
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4169435	3216581

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	239837391	239781551
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	159856	169851
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	159856	169851
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	239677535	239611700

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	7907858	
(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)		7907858
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	168174	
(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)	32	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		168206
(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)	2707306	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2707306
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4734910
c Other income	2c		5485526
d Total income. Add all income amounts in column (b) and enter total	2d		21003806

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17854949	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17854949
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	49425	
(4) IQPA audit fees	2i(4)	51076	
(5) Investment advisory and investment management fees	2i(5)	217558	
(6) Bank or trust company trustee/custodial fees	2i(6)	30360	
(7) Actuarial fees	2i(7)	635278	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2230995	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3214692
j Total expenses. Add all expense amounts in column (b) and enter total	2j		21069641

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-65835
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **ERNST & YOUNG LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554886.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>UC HEALTH RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>006</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UC HEALTH, LLC</u>	D Employer Identification Number (EIN) <u>31-1435820</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1867445</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	286

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 31.0 % Private Equity: 27.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 41.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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 AND
SUPPLEMENTAL SCHEDULES

UC Health Retirement Plan
Years Ended December 31, 2024 and 2023
With Report of Independent Auditors



The better the question.
The better the answer.
The better the world works.



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with confidence

UC Health Retirement Plan

Financial Statements and
Supplemental Schedules

Years Ended December 31, 2024 and 2023

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Report of Independent Auditors

UC Health Audit & Compliance Committee
UC Health Retirement Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 5 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.



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- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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



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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 judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



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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 accounting principles generally accepted in the United States of America.

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024, and reportable transactions for the year then ended (referred to as the “supplemental schedules”), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



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In our opinion

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

Ernst + Young LLP

October 10, 2025

UC Health Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2024	2023
Assets		
Investments:		
Investments at fair value	\$ 236,101,549	\$ 236,812,389
Receivables:		
Unsettled security sales	–	1,323,724
Employer contributions	3,680,002	1,701,278
Total receivables	3,680,002	3,025,002
Total assets	239,781,551	239,837,391
Liabilities		
Accrued administrative expenses	169,851	159,856
Total liabilities	169,851	159,856
Net assets available for benefits	\$ 239,611,700	\$ 239,677,535

See notes to financial statements.

UC Health Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2024	2023
Additions:		
Employer contributions	\$ 7,907,858	\$ 1,701,278
Investment income:		
Net appreciation in fair value of investments	10,220,436	27,954,249
Dividend and interest income	2,875,512	3,127,478
Total net investment income	13,095,948	31,081,727
Total additions	21,003,806	32,783,005
Deductions:		
Benefit payments paid directly to participants	17,854,949	16,901,958
Administrative expenses	3,214,692	3,856,354
Total deductions	21,069,641	20,758,312
Net (decrease) increase	(65,835)	12,024,693
Net assets available for benefits:		
Beginning	239,677,535	227,652,842
Ending	\$ 239,611,700	\$ 239,677,535

See notes to financial statements.

UC Health Retirement Plan

Notes to Financial Statements

December 31, 2024

1. Description of Plan

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

General

The Plan is a defined benefit plan that was effective January 1, 1999 from a consolidation of several predecessor plans. UC Health, LLC (UC Health) is the plan sponsor. UC Health is responsible for the general administration of the Plan. State Street Bank & Trust Company (State Street) serves as the trustee for the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Pension Benefits

The normal retirement age is 65. For retiring participants under the Plan, the normal annual pension benefit equals 1% of the final average earnings (highest five calendar years of earnings out of ten years of participation in the plan) plus 0.35% of the final average earnings over the Social Security covered compensation multiplied by the years of credited service up to 30 years. Effective January 1, 2018, the Plan was amended to permit in-service distributions for participants that have reached age 65 but remain employed by UC Health.

Participants are fully vested after completing five years of credited service, with no partial vesting prior to five years of credited service. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a limited lump-sum payment option.

As of December 31, 2016, all benefits for UC Health employees were frozen and no new entrants are permitted to enter the Plan. Employees continue to earn vesting service after this date; however, there is no change to the accrued benefit.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

UC Health Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

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 assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment securities, including cash equivalents, mutual funds, and alternative investments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for a description of valuation methods.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

UC Health Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Administrative Expenses

Certain administrative expenses are paid by the Plan, either directly or by UC Health, which are subsequently reimbursed by the Plan. UC Health provides certain administrative services to the Plan for which no fees are charged.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

3. Funding Policy

Contributions to provide benefits under the Plan are made solely by UC Health. UC Health's funding policy is to make cash contributions to the Plan on a quarterly or annual basis as necessary in amounts as determined by the Plan's independent actuary and to maintain a funding level equal to or greater than 80% of the target liability. UC Health met the minimum funding requirements of ERISA for the years ended December 31, 2024 and 2023.

4. Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the employees' contributions, compensation, and services that employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, and (2) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability, or termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

UC Health Retirement Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

The significant actuarial assumptions used in the valuations are as follows:

- *Mortality rate* – Pri-2012 Mortality tables with sex-distinct rates for employees and annuitants with fully generational mortality improvement projection from base year 2012 using Scale MP-2021 as of January 1, 2024.
- *Discount rate* – 5.50% as of January 1, 2024.
- *Lump-sum rate* – 5.00% as of January 1, 2024.
- *Retirement age* – Average assumed retirement age of approximately age 64 and a range of ages from 55 to 70 years old as of January 1, 2024.
- The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. Effective December 31, 2023, for 2024, the qualified plan compensation limit was increased to \$345,000 and the qualified plan benefit limit was increased to \$275,000.

The actuarial present value of accumulated plan benefits at December 31, 2023 is as follows:

Vested benefits:	
Participants and/or beneficiaries currently receiving benefits	\$ 138,060,531
Other participants	122,698,813
Total vested benefits	<u>260,759,344</u>
Non-vested benefits	4,104,403
Total actuarial present value of accumulated plan benefits	<u><u>\$ 264,863,747</u></u>

UC Health Retirement Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2023 are as follows:

Actuarial present value of accumulated plan benefits, January 1, 2023	\$ 267,554,194
Increase (decrease) during the year attributed to:	
Interest due to decrease in the discount period	14,250,677
Benefits paid	(16,901,958)
Actuarial losses	<u>(39,166)</u>
Actuarial present value of accumulated plan benefits, December 31, 2023	<u>\$ 264,863,747</u>

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The actuary estimated the accumulated plan benefits as of January 1, 2024. There were no significant changes to the valuations had they been performed as of December 31, 2023.

5. Information Certified by the Trustee

Certain information related to investments for the Plan disclosed in the accompanying financial statements and supplemental schedules at December 31, 2024 and 2023 and for the years then ended was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by State Street, the trustee of the Plan, including \$90,094,151 and \$84,464,204 of investments at December 31, 2024 and 2023, respectively.

State Street also certified to the completeness and accuracy of \$9,039,006 and \$23,809,668 of net appreciation in fair value of investments and \$2,875,512 and \$3,127,478 of interest and dividends for the years ended December 31, 2024 and 2023, respectively.

UC Health Retirement Plan

Notes to Financial Statements (continued)

5. Information Certified by the Trustee (continued)

The investment information and related net appreciation related to investments in limited partnerships/companies and hedge funds (alternative investments) was not certified by the trustee. The following is the fair value of alternative investments:

	December 31	
	2024	2023
LGIMA Long Duration US Credit Fund, LLC	\$ 92,073,367	\$ 88,835,549
Pleiad Asia Offshore Feeder Fund	3,216,581	4,169,435
Tensile Capital Partners Offshore Tensile, LP	4,521,458	4,870,106
HBK Multi-Strategy Offshore Fund	4,844,803	4,452,305
Tensile Cap Part Off CL AAAHI	1,085,541	1,085,541
Tensile Class ASPY Met Resi Series 1	–	65,429
Tensile Capital Partners Offshore Fund Metis	–	37,407
Tensile Capital Offshore Fund Ltd. Metis	–	15,789
Tensile Capital Partners Offshore Class LNG	–	707,334
Tensile Class Metis Series 26	–	10,938
Tensile Capital Offshore Fund Series 1	1,031,628	1,030,542
Tensile Capital Partners Offshore Metis Series 1	–	22,406
Tensile Capital Partners Series 1	87,391	291,238
Tensile Capital Partners Series 11	918,353	1,048,867
Tensile Capital Offshore Series 1	–	14,125
Tensile Capital Class B Series 1	425,616	442,483
Tensile Capital B Liq Res S1	603,815	–
Strategic Value Dislocation	4,199,645	4,436,643
Owl Rock Capital Corp.	1,533,005	5,211,688
Timber Bay Fund	4,569,369	3,776,771
Taconic Opportunity Offshore Fund	–	2,259,385
Altrinsic	8,244,499	9,377,248
Himalaya Capital Investors LP	–	3,386,691
Davidson Kempner Insti Partners LP	6,497,889	6,841,428
Atalan Offshore Fund LTD	5,150,921	4,608,089
Tybourne Strategic OPP FEED II Limited Partnership	2,434,624	2,603,823
Arbour Lane Credit Opportunity Fund III B LP	4,568,893	2,746,925
Total alternative investments	\$ 146,007,398	\$ 152,348,185

UC Health Retirement Plan

Notes to Financial Statements (continued)

5. Information Certified by the Trustee (continued)

Net appreciation (depreciation) in fair value of alternative investments:

	Year Ended December 31	
	2024	2023
LGIMA Long Duration US Credit Fund, LLC	\$ (1,762,182)	\$ 8,293,227
Pleiad Asia Offshore Feeder Fund	114,955	(319,970)
Tybourne Long Opportunities (Offshore) Fund	–	467,176
AKO Global Long	–	(1,100,303)
Lancaster European Equity Fund Limited	–	(3,329,742)
Tensile Capital Partners Offshore Tensile, LP	621,155	102,450
HBK Multi-Strategy Offshore Fund	392,498	351,096
Lancaster European Equity Fund Limited Cls B	–	(1,898,653)
Steadfast Long Capital Ltd. Cls B	–	(1,492,901)
Indus Japan Long Only Fund Ltd.	–	(747,684)
Tensile Cap Part Off CL AAAHI	–	337,170
Tensile Capital Partners Offshore Class LNG	(427,370)	127,126
Tensile Capital Offshore Fund Series 1	19,336	(299,155)
Tensile Capital Partners Offshore Metis Series 1	6,240	–
Tensile Capital Partners Series 1	(235,039)	(1,907,736)
Tensile Capital Partners Series 11	170,608	128,607
Tensile Capital Offshore Series 1	326,283	–
Tensile Capital Class B Series 1	84,061	–
Tensile Capital B Liq Res S1	(2,307)	–
Strategic Value Dislocation	801,591	375,423
Owl Rock Capital Corp.	(1,040,770)	955,398
Timber Bay Fund	828,256	199,875
Taconic Opportunity Offshore Fund	(1,140,707)	1,019,822
Altrinsic	(32,928)	1,168,638
Himalaya Capital Investors LP	1,013,309	37,740
Davidson Kempner Insti Partners LP	656,461	389,883
Atalan Offshore Fund LTD	(65,257)	778,308
Tybourne Strategic OPP FEED II Limited Partnership	163,330	226,741
Arbour Lane Credit Opportunity Fund III B LP	689,907	282,045
Total net appreciation in alternative investments	\$ 1,181,430	\$ 4,144,581

UC Health Retirement Plan

Notes to Financial Statements (continued)

6. Termination of the Plan

Although it has not expressed any intention to do so, UC Health has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan Document.

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

Whether all participants receive the benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that 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.

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

Certain plan investments are shares and units of funds managed by State Street. State Street is the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management, custody, and other services amounted to \$79,784 and \$72,595 for the years ended December 31, 2024 and 2023, respectively; however, they are exempt from the prohibited transaction rules under ERISA.

8. Federal Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated March 10, 2017, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (Code) and therefore, the related trust is exempt from taxation. Subsequent to receiving the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan, as amended, is qualified and the related trust is tax-exempt.

UC Health Retirement Plan

Notes to Financial Statements (continued)

8. Federal Income Tax Status (continued)

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

9. Fair Value Measurements

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

Level 1 – Inputs utilize quoted market prices from active markets for identical assets or liabilities that the entity has the ability to access.

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

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

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

Asset Valuation Techniques

Valuation technologies maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 or 2023.

UC Health Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

Cash Equivalents

Cash equivalents are held primarily in short-term money market commingled funds, which are valued at cost plus accrued interest, which approximate fair value.

Mutual Funds

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

Alternative Investments

Alternative investments are not necessarily readily marketable and may include marketable debt and equity securities, commodities, trading in futures contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. Management has determined that the net asset value is an appropriate estimate of the fair value of these instruments at December 31, 2024 and 2023, based on the fact that the alternative investments are accounted for at fair value by the administrators of the respective alternative investments. Alternative investments can be divested only at specified times in accordance with the terms of the partnership or fund agreements. Certain alternative investment redemptions typically contain restrictions that allow for a portion of the withdrawal proceeds to be held back from distribution while the underlying investments are liquidated and pending completion of the annual audit of the fund. The redemption frequency varies by fund and could be daily, weekly, semimonthly, monthly, quarterly, semiannually, annually or triennially.

UC Health Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

Fair Value of Investments that Use Net Asset Value

The following tables summarize investments measured at fair value based on the net asset value per share at December 31:

Investment Type	2024		Redemption Notice Period
	Fair Value	Unfunded Commitments	
Limited partnerships/companies	\$ 142,790,817	\$ 582,183	1–90 days
Hedge funds	3,216,581	N/A	60–180 days
Investment Type	2023		Redemption Notice Period
	Fair Value	Unfunded Commitments	
Limited partnerships/companies	\$ 148,178,750	\$ 1,918,815	1–90 days
Hedge funds	4,169,435	N/A	60–180 days

UC Health Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at December 31:

	2024			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 3,455,407	\$ 3,455,407	\$ —	\$ —
Mutual funds	86,638,744	86,638,744	—	—
Total investments	90,094,151	\$ 90,094,151	\$ —	\$ —

Investments measured at net asset value^(a):

Alternative investments	146,007,398
Total investments at fair value	\$ 236,101,549

	2023			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 3,114,943	\$ 3,114,943	\$ —	\$ —
Mutual funds	81,349,261	81,349,261	—	—
Total investments	84,464,204	\$ 84,464,204	\$ —	\$ —

Investments measured at net asset value^(a):

Alternative investments	152,348,185
Total investments at fair value	\$ 236,812,389

^(a)Investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

UC Health Retirement Plan

Notes to Financial Statements (continued)

9. Fair Value Measurements (continued)

Transfers Between Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no transfers between levels.

10. Subsequent Events

Subsequent events were evaluated through October 10, 2025, the date the financial statements were available to be issued.

Supplemental Schedules

UC Health Retirement Plan

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

EIN #31-1435820 Plan #006

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Shares/Par	(d) Cost	(e) Current Value
	Cash equivalents:			
*, **	SS Inst Treas Plus MM Fund TPL	3,441,616	\$ 3,455,407	\$ 3,455,407
**	Mutual funds:			
	GMO Quality FC III	232,645	5,811,567	9,717,673
	Schwab Fundamental US Large Co	350,212	6,999,844	9,756,919
	RWC Global Emerging Equity Fund	273,141	3,223,886	2,846,125
	Cohen & Steers Global Listed Infrastructure	221,774	5,387,522	5,100,810
	DFA Emerging Markets Value POR	95,510	2,649,474	2,856,718
	Ishares MSCI EAFE ETF	74,152	5,200,294	5,606,633
	Ishares Core US Reit ETF	88,315	4,975,131	5,061,333
	Ishares 10 Year Investment GR	202,218	10,747,517	9,989,569
	Ishares 20 Year Treasury Bond	123,166	11,496,726	10,756,087
	Fidelity 500 Index Fund	89,513	13,498,923	18,277,635
	Johcm International Select Fun	292,126	6,390,943	6,669,242
	Total mutual/exchange traded funds		<u>76,381,827</u>	<u>86,638,744</u>
	Alternative investments:			
	LGIMA Long Duration US Credit Fund, LLC	77,520,000	77,520,000	92,073,367
	Pleiad Asia Offshore Feeder Fund	2,326	2,732,191	3,216,581
	Tensile Capital Partners Offshore Tensile, LP	4,075	2,831,401	4,521,458
	HBK Multi-Strategy Offshore Fund	3,105	3,918,122	4,844,803
	Tensile Cap Part Off CL AAAHI	312	311,840	1,085,541
	Tensile Capital Offshore Fund Series 1	264	262,119	1,031,628
	Tensile Capital Partners Series 1	187,037	3,691,399	87,391
	Tensile Capital Partners Series 11	557	582,756	918,353
	Tensile Capital Class B Series 1	426	425,616	425,616
	Tensile Capital B Liq Res S1	606	606,122	603,815
	Strategic Value Dislocation	2,319,944	2,319,944	4,199,645
	Owl Rock Capital Corp.	93,577	1,389,691	1,533,005
	Timber Bay Fund	3,328,217	3,328,217	4,569,369
	Altrinsic	616,311	6,163,114	8,244,499
	Davidson Kempner Insti Partners LP	5,300,000	5,300,000	6,497,889
	Atalan Offshore Fund LTD	3,065	4,608,089	5,150,921
	Tybourne Strategic OPP FEED II Limited Partnership	2,658,137	2,658,137	2,434,624
	Arbour Lane Credit Opportunity Fund III B LP	3,740,640	3,740,640	4,568,893
	Total alternative investments		<u>122,389,398</u>	<u>146,007,398</u>
	Total investments		<u>\$ 202,226,632</u>	<u>\$ 236,101,549</u>

* Represents a party-in-interest

** The above information has been certified as complete and accurate by State Street Bank & Trust Company, the trustee of the Plan.

UC Health Retirement Plan

Schedule H, Line 4(j) – Schedule of Reportable Transactions

EIN #31-1435820 Plan # 006

Year Ended December 31, 2024

Identity of Party	Description of Asset	Purchase Price	Selling Price	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category 3 – Series of transactions in excess of 5% of plan assets							
	Interest Bearing Cash:						
**	SS Inst Treas Plus MM Fund TPL	\$ 43,946,337	\$ 43,602,712	\$ –	\$ 43,602,712	\$ 87,549,049	\$ –
	Reportable transaction totals	<u>\$ 43,946,337</u>	<u>\$ 43,602,712</u>	<u>\$ –</u>	<u>\$ 43,602,712</u>	<u>\$ 87,549,049</u>	<u>\$ –</u>

There were no category 1, 2, or 4 reportable transactions for the year ended December 31, 2024.

** Transactions made on the Market.

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2024

Number and average annual frozen benefit distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-	-
25-29	0	1	0	0	0	0	0	0	0	0	0	1
	-	-	-	-	-	-	-	-	-	-	-	-
30-34	2	53	3	0	0	0	0	0	0	0	0	58
	-	915	-	-	-	-	-	-	-	-	-	925
35-39	4	146	68	3	0	0	0	0	0	0	0	221
	-	1,296	2,773	-	-	-	-	-	-	-	-	1,766
40-44	4	118	93	49	1	0	0	0	0	0	0	265
	-	1,578	3,687	6,085	-	-	-	-	-	-	-	3,156
45-49	4	66	66	66	25	1	0	0	0	0	0	228
	-	1,484	3,918	7,717	10,429	-	-	-	-	-	-	5,009
50-54	6	81	53	64	48	7	0	0	0	0	0	259
	-	1,893	4,266	6,768	9,493	-	-	-	-	-	-	5,186
55-59	6	71	71	52	72	14	12	0	0	0	0	298
	-	1,885	3,840	7,908	11,277	-	-	-	-	-	-	6,711
60-64	6	69	53	47	74	15	13	5	3	0	0	285
	-	1,568	3,340	7,839	11,265	-	-	-	-	-	-	6,943
65-69	5	31	24	17	25	3	0	2	0	0	0	107
	-	1,942	3,563	-	10,662	-	-	-	-	-	-	5,997
70 & over	0	8	4	0	2	0	0	0	0	0	0	14
	-	-	-	-	-	-	-	-	-	-	-	-
Total	37	644	435	298	247	40	25	7	3	0	0	1,736
	390	1,542	3,617	7,324	10,723	11,699	15,022	-	-	-	-	4,857

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: UC Health Retirement Plan
 EIN / PN: 31-1435820/006
 Plan Sponsor: UC Health, LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September 2023
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting stabilization	Not reflecting stabilization
-----------------	--------------------------	------------------------------

Annual rates of increase

- Compensation Not applicable
- Future Social Security wage bases Not applicable
- Statutory limits on compensation Not applicable

Plan-related expenses \$3,622,143

As permitted by law, rates reflecting stabilization are used to determine the funding target and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and generally currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820/006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant. As of December 31, 2016, the Plan is entirely closed to new entrants.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality for funding Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination The 2003 SOA combined termination table with a 175% increase applied. Sample rates are below:

Attained Age	Percentage leaving during the year
25	32.39%
30	21.33%
35	15.37%
40	12.25%
45	10.87%
50	9.89%
55	5.28%
60	4.08%

Disability These rates apply to grandfathered Fort Hamilton participants only. The rates at which participants are assumed to become disabled by age and gender are shown below:

Attained Age	Percentage becoming disabled during the year	
	Males	Females
30	0.1%	0.2%
45	0.2%	0.3%
65	1.4%	2.1%

Plan Name: UC Health Retirement Plan
 EIN / PN: 31-1435820/006
 Plan Sponsor: UC Health, LLC
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

The rates at which participants retire by age are shown below:

Attained Age	Percentage retiring during the year
55-61	5%
62-64	15%
65-69	40%
70	100%

Benefit commencement date:

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55
- Deferred vested benefit: The later of age 55 or termination of employment
- Disability benefit: Upon disablement
- Retirement benefit: Upon termination of employment

Form of payment

For valuation purposes, deferred vested participants are assumed to elect the straight life annuity if single. For those assumed to be married, 50% are assumed to elect the straight life annuity. The remaining 50% elect a Joint & Survivor annuity. For deferred vested participants over normal retirement age, 75% of deferred vested participants are assumed to commence participant payments and 25% are assumed to commence survivor payments. For deferred vested participants over age 70, 25% of deferred vested participants are assumed to commence participant payments and 75% are assumed to commence survivor payments

For active participants, 75%/50% of participants who are eligible for a lump sum upon retirement/withdrawal are assumed to elect lump sum benefits. The remaining 25% elect an annuity similar to the deferred vested assumption.

Lump sums were valued using the substitution of annuity form under IRS Regulation §1.430(d)-1(f)(4).

Percent married

75% of male and 65% of female participants are assumed to be married.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820/006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Spouse age	Wives are assumed to be three years younger than their husbands.
Plan compensation	N/A
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820/006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.50% during 2022 and 7.00% during 2023 (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets rate.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with the UC Health regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with the UC Health and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820/006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, so that the interest rates assumed are effectively the same as described above for the discount rate.
Expected return on plan assets	The EROA represents an estimate of future experience for trust asset returns, reflecting the plan’s current asset allocation and current and expected future market conditions. The expected return for purposes of asset smoothing is not net of non-investment expenses paid from the trust.
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820/006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates are based on plan sponsor expectations for plan participants with periodic monitoring of observed gains and losses caused by termination patterns different than assumed. The termination rates were updated based on an experience study performed in 2019.
Retirement	Retirement rates are based on plan sponsor expectations for plan participants with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. The retirement rates were updated based on an experience study performed in 2019.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on plan sponsor expectations for plan participants. The form of payment assumptions were updated based on an experience study performed in 2019.
Benefit commencement date for deferred benefits:	
<ul style="list-style-type: none">• Deferred vested benefit	Deferred vested participants are assumed to begin benefits at age 65 (or current age if later), confirmed by an experience study performed in 2019. Also, deferred vested early commencement factors are not heavily subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described herein, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820/006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was updated, reflects the latest mortality improvement scale and was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.

Change in methods since prior valuation

- There have been no changes in methods since the prior valuation.

Plan Name: UC Health Retirement Plan
EIN / PN: 31-1435820/006
Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	UC Health, LLC
EIN/PN	31-1435820/006
Plan Name	UC Health Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Blake A. Baietto
Enrollment Number	23-06524

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here.
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan UC HEALTH RETIREMENT PLAN	1b Three-digit plan number (PN) ▶ 006
	1c Effective date of plan 01/01/1999
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) UC HEALTH, LLC	2b Employer Identification Number (EIN) 31-1435820
3200 BURNET AVENUE	2c Plan Sponsor's telephone number (513) 585-6947
CINCINNATI, OH 45229	2d Business code (see instructions) 622000

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

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

SIGN HERE	<i>Mariorie E Jones Zvble</i>	9/29/2025	Mariorie E Jones Zvble
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Charmaine Rochester</i>	9/29/25	Charmaine Rochester
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN
	4d PN

5 Total number of participants at the beginning of the plan year	5	5100
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 1736
a(2) Total number of active participants at the end of the plan year	6a(2) 1559
b Retired or separated participants receiving benefits.....	6b 1600
c Other retired or separated participants entitled to future benefits	6c 1357
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4516
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 223
f Total. Add lines 6d and 6e	6f 4739
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
--	----------

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

Plan Name	UC Health Retirement Plan
Plan Sponsor EIN	31-1435820
ERISA Plan #	006
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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.

A Name of plan UC HEALTH RETIREMENT PLAN	B Three-digit plan number (PN) ▶	006
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UC HEALTH, LLC	D Employer Identification Number (EIN) 31-1435820	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	234,873,031
	b Actuarial value	2b	244,760,400
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,753	142,263,050
	b For terminated vested participants	1,622	59,269,133
	c For active participants	1,736	65,425,420
	d Total	5,111	271,218,056
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.16%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	3,622,143
	c Target normal cost	6c	3,622,143

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	Blake A. Baietto  Signature of actuary	September 9, 2025 Date
	Blake A. Baietto Type or print name of actuary	2306524 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	216-937-4000 Telephone number (including area code)
	1001 Lakeside Avenue Suite 1500 Cleveland OH 44114-1172 Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 3,622,143
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	26,457,656		2,644,531	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 6,266,674
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 6,266,674
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 7,565,734
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1,299,060
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE SB ATTACHMENTS

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	474,819	1,200,181	14,849,145	16,524,145
2025	1,224,626	1,542,000	14,455,766	17,222,392
2026	1,846,826	1,908,881	14,024,713	17,780,420
2027	2,419,145	2,247,760	13,564,429	18,231,334
2028	2,935,816	2,550,377	12,984,409	18,470,602
2029	3,394,206	2,855,208	12,336,928	18,586,342
2030	3,793,574	3,210,468	11,726,147	18,730,189
2031	4,144,165	3,507,626	11,113,162	18,764,953
2032	4,450,512	3,723,614	10,486,460	18,660,586
2033	4,705,508	3,942,046	9,811,547	18,459,101
2034	4,914,740	4,093,618	9,171,969	18,180,327
2035	5,089,940	4,222,666	8,636,500	17,949,106
2036	5,248,023	4,340,733	8,091,590	17,680,346
2037	5,387,314	4,387,194	7,539,471	17,313,979
2038	5,495,983	4,481,173	6,914,964	16,892,120
2039	5,602,193	4,574,330	6,262,383	16,438,906
2040	5,696,045	4,638,257	5,700,256	16,034,558
2041	5,745,512	4,685,611	5,178,072	15,609,195
2042	5,775,056	4,695,742	4,666,730	15,137,528
2043	5,800,294	4,698,526	4,152,966	14,651,786
2044	5,803,058	4,689,380	3,666,827	14,159,265
2045	5,781,426	4,667,102	3,235,639	13,684,167
2046	5,742,168	4,630,095	2,828,178	13,200,441
2047	5,676,078	4,565,944	2,447,764	12,689,786
2048	5,579,629	4,471,737	2,097,090	12,148,456
2049	5,461,495	4,371,039	1,778,158	11,610,692
2050	5,312,358	4,258,058	1,492,136	11,062,552

Plan Name: UC Health Retirement Plan
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Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2051	5,136,945	4,127,716	1,239,317	10,503,978
2052	4,933,599	3,977,890	1,019,152	9,930,641
2053	4,699,161	3,798,082	830,289	9,327,532
2054	4,453,339	3,599,765	670,724	8,723,828
2055	4,196,768	3,396,176	537,946	8,130,890
2056	3,932,049	3,185,991	429,106	7,547,146
2057	3,665,706	2,976,582	341,186	6,983,474
2058	3,402,557	2,770,445	271,158	6,444,160
2059	3,144,662	2,569,214	216,107	5,929,983
2060	2,895,095	2,374,598	173,327	5,443,020
2061	2,655,416	2,187,796	140,398	4,983,610
2062	2,426,738	2,009,470	115,216	4,551,424
2063	2,209,654	1,840,028	96,007	4,145,689
2064	2,004,468	1,679,651	81,320	3,765,439
2065	1,811,277	1,528,372	69,999	3,409,648
2066	1,630,025	1,386,087	61,153	3,077,265
2067	1,460,533	1,252,593	54,111	2,767,237
2068	1,302,523	1,127,618	48,382	2,478,523
2069	1,155,696	1,010,859	43,617	2,210,172
2070	1,019,731	902,009	39,565	1,961,305
2071	894,321	800,782	36,054	1,731,157
2072	779,186	706,925	32,965	1,519,076
2073	674,044	620,193	30,211	1,324,448

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Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: UC Health Retirement Plan
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SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan was originally effective January 1, 1999. The last provision change reflected herein was to allow in-service distributions for active employees over age 65 effective January 1, 2018.

Plan year The Plan Year commences on January 1 and ends on December 31.

Coverage and participation An employee who was a member of one of the prior plans on the effective date becomes a participant of this Plan on that date. All other associates of UC Health who complete one year of service and attain age 21 shall be eligible for entry on the Participation Date following completion of the age and service requirements with the exception of interns, residents, fellows, student nurses, associates covered by the IUOE multiemployer plan, PERS or City of Cincinnati retirement plan and associates of for-profit subsidiaries. Effective June 30, 2003, Alliance Primary Care associates are no longer eligible to participate in the Plan. Effective March 22, 2008, current and former associates of Christ Hospital were spun-off into a Christ Hospital sponsored retirement plan. Effective December 13, 2008, current and former associates of St. Luke Hospitals were spun-off into a St. Luke Hospitals sponsored retirement plan. Effective March 1, 2010, current and former associates of The Jewish Hospital were spun-off into the JHSI, Inc. Retirement Plan.

Definitions

Credited service One year of service is credited for each calendar year in which an associate has completed at least 1,800 hours of service. Service is pro-rated for years in which at least 1,000 hours are completed. In an associate's year of hire, termination or retirement, credited service is pro-rated for less than 1,000 hours.

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Accrued normal retirement benefit	<p>The accrued benefit for all associates is the sum of 1% of Final Average Compensation and 0.35% of Final Average Compensation in excess of Covered Compensation multiplied by years of Credited Service up to 30 years.</p> <p>Effective June 30, 2003, the benefit accruals for APC physicians and office staff were frozen. Non-union and ONA benefit accruals were frozen December 31, 2014. AFSCME benefit accruals were frozen December 31, 2015. Public Safety Officer II accruals were frozen December 31, 2016.</p>
Vesting service	<p>One year of vesting service is earned for each calendar year in which an associate completes 1,000 hours of service.</p>
Final average compensation	<p>Monthly average of the highest five calendar years of compensation during the ten-year period ending on the earliest of termination, early retirement or normal retirement dates.</p>
Normal retirement date (NRD)	<p>The attainment of age 65.</p>

Eligibility for Benefits

Normal retirement	<p>The attainment of age 65.</p>
Early retirement	<p>First day of any month after the attainment of age 55 and the completion of five Years of Vesting Service.</p>
Late retirement	<p>First day of any month after the Normal Retirement Date.</p>
Vesting termination	<p>A participant becomes vested upon completion of five Years of Vesting Service, or upon attainment of age 65.</p>
Disability	<p>For the Fort Hamilton participants who are eligible for Social Security Disability Benefits. No waiting period.</p>
Death benefits for participants in active service	<p>Spouses of active participants who have completed five Years of Vesting Service.</p>
Death of disabled participant prior to normal retirement	<p>For any participant who dies with a surviving spouse, the surviving spouse will be entitled to a retirement survivor annuity.</p>

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Benefits Paid Upon the Following Events

Normal retirement	The benefit payable at normal retirement is equal to the accrued benefit at the earlier of the participants' date of termination or retirement.
Early retirement	The monthly benefit payable is the accrued Normal Retirement Benefit based on Credited Service and Final Average Compensation at early retirement, reduced to allow for early commencement. The amount of reduction is 5/9 of 1% per month between ages 60 and 65, plus 5/18 of 1% per month between ages 55 and 60.
Late retirement	The monthly benefit is equal to the greater of the Normal Retirement Benefit based on Credited Service and Final Average Compensation at actual retirement date or the actuarial equivalent of the benefit that would have been paid on Normal Retirement Date increased to the actual retirement date.
Vested termination	Normal retirement benefit based on Credited Service and Final Average Compensation as of the date of termination.
In-service distribution	Upon reaching age 65, active employees are permitted to begin receiving their Normal retirement or Late retirement benefit.
Disablement	
<ul style="list-style-type: none">• Benefit before normal retirement	Participants eligible for disability continue to accrue benefits assuming compensation prior to disability had continued and 416 hours per calendar year are earned.
<ul style="list-style-type: none">• Benefit after normal retirement	Participants are assumed to commence benefits upon reaching normal retirement age.
Death benefits for participants in active service	The benefit payable to the surviving spouse, commencing on the earliest date the associate could have retired, is equal to 50% of the accrued normal retirement benefit which would have been payable to the participant had he terminated on the day of his death and elected a 50% Joint and Survivor annuity.

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SCHEDULE SB ATTACHMENTS

After commencement of benefit payments

Benefits to the beneficiary or spouse are governed by the form of payment applicable or elected at the date payments actually commenced.

Other Plan Provisions

Forms of payment

The normal form of payment for single participants is a Life Only annuity. The normal form of payment for married participants is an actuarially reduced 50% Joint and Survivor Annuity. A participant entitled to receive a retirement benefit may also elect an optional form of payment of equivalent actuarial value. Optional forms are 50%, 66 2/3%, 75% or 100% Joint & Contingent Annuity, a five, ten, fifteen or twenty year certain and continuous annuity, (for married participants) a life annuity or a ten, fifteen or twenty year certain-only annuity.

Participants may elect a lump sum payment if the value is less than or equal to \$100,000.

Actuarial equivalence

For all annuity forms of payment, an interest rate of 8.00% and the UP84 Mortality Table, set back four years for participants and four years for spouses.

For forms of payment subject to IRC 417(e), the Applicable Mortality Table for the plan year of distribution and the Applicable Interest Rate published in September prior to the plan year of distribution.

Plan participants' contributions

Not applicable.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

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Predecessor Plan Participants

Plan provisions are the same as those for the UC Health plan unless noted below:

- **Christ Hospital**

All participants in The Elizabeth Gamble Deaconess Home Association Pension Plan as of December 31, 1998 were grandfathered in the provisions of that plan.

Those provisions are essentially the same as the provisions of the UC Health plan except full-time and part-time associates (those expected to work at least 1,000 hours) participated on their dates of hire.
- **Fort Hamilton Hospital**

All participants in The Fort Hamilton-Hughes Healthcare Corporation Retirement Plan as of December 31, 1998 were grandfathered in the provisions of that plan.

Compensation is defined as W-2 earnings plus pre-tax deferrals.

Final average compensation is the average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless it is a full 12-month period.

Vesting service is completed years of employment.

Credited service is full calendar years during which a participant is credited with at least 416 hours. Pro-rata service is granted during year of participation or year of termination.

Normal retirement benefit is equal to 1% of Final Average Compensation times years of Credited Service offset for benefits annuitized under prior plans.

Optional forms of payment – The normal form of payment for married participants is a 66 2/3% joint and survivor with 10-year certain annuity. In addition to the optional forms of payment in the UC Health plan, grandfathered Fort Hamilton participants can also elect a full cash refund form of payment.

Pre-retirement Death Benefit – For married participants, based on the normal form of benefit.

Disability Benefit – Participants who are eligible for Social Security disability benefits continue to accrue benefits assuming compensation prior to disability had continued and 416 hours per calendar year are earned.

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- Jewish Hospital

All participants in The Jewish Hospital of Cincinnati, Inc. Retirement Plan as of December 31, 1998 were grandfathered in the provisions of that plan.

Compensation is defined as W-2 earnings plus pre-tax deferrals.

Final average compensation is the average of the highest five calendar years of employment disregarding the final year of employment unless 1,000 hours were completed.

Covered Compensation is the average of the Social Security Taxable Wage Bases for the 35-year period ending in the year in which the associate turns age 64.

Credited service is calendar years during which 1,000 hours of service were completed.

Normal retirement benefit is equal to 0.8% of Final Average Compensation plus 0.7% of Final Average Compensation in excess of Covered Compensation, the sum times years of Credited Service. There is a minimum monthly benefit of \$50 times years of Credited Service to a maximum of 10 years.
- St. Luke Hospitals

All participants in The Retirement Plan for Employees of St. Luke Hospitals, Inc. as of December 31, 1998 were grandfathered in the provisions of that plan.

Compensation is defined as monthly rate of pay on the first day of the calendar year.

Final average compensation is the average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless 1,000 hours were completed or the associate has reached normal retirement age.

Credited service is calendar years during which 1,000 hours of service were completed.

Normal retirement benefit is equal to 0.9% of Final Average Compensation times Credited Service plus 0.6% of Final Average Compensation in excess of Covered Compensation, times years of Credited Service up to a maximum of 35 years.

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- University Hospital
All participants in The University Hospital, Inc. Pension Plan as of December 31, 1998 were grandfathered in the provisions of that plan.
All associates actively in service at UHI on January 1, 1997 became participants in the plan on that date except for those associates who elected to remain active participants in PERS or those who participate in either the multiemployer plan for IUOE associates or the City of Cincinnati Retirement plan.
Those provisions are essentially the same as the provisions of the UC Health plan except full-time and part-time associates (those expected to work at least 1,000 hours) participated on their dates of hire.
In addition, associates of UHI who entered the plan on January 1, 1997 with less than five years of employment received credited service for their years of service with UHI prior to January 1, 1997.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name: UC Health Retirement Plan
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Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2024

Plan Name	UC Health Retirement Plan
Plan Sponsor EIN	31-1435820
ERISA Plan #	006
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	1,498,194	15.00000	1,498,194	136,306
2. Shortfall	01/01/2023	21,226,248	14.00000	20,367,331	1,943,915
3. Shortfall	01/01/2022	(13,351,866)	13.00000	(12,262,829)	(1,233,865)
4. Shortfall	01/01/2021	19,285,122	12.00000	16,854,960	1,798,175
Total				26,457,656	2,644,531

Plan Name: UC Health Retirement Plan
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Plan Sponsor: UC Health, LLC
Valuation Date: January 1, 2024