

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
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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
1a	Name of plan UNITY HEALTH SYSTEM RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
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) UNITY HEALTH SYSTEM 100 KINGS HIGHWAY SOUTH BUILDING C ROCHESTER, NY 14617-5504
2b	Employer Identification Number (EIN) 22-2572873
2c	Plan Sponsor's telephone number 585-922-1100
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	HOWARD GLASTONBURY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 10284
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) 4112 6a(2) 3874 6b 2518 6c 3644 6d 10036 6e 196 6f 10232 6g(1) 6g(2) 6h 283
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 1C

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 UNITY HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 22-2572873
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	321079159	
b	Actuarial value	2b	351736965	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2512	157489628	157489628
b	For terminated vested participants	3674	96598898	96598898
c	For active participants	4112	122147209	133475028
d	Total	10298	376235735	387563554
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
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	5.23 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	12729505	
b	Expected plan-related expenses	6b	7100000	
c	Target normal cost	6c	19829505	

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 TODD WEBER, E.A., M.A.A.A Type or print name of actuary MERCER Firm name 70 LINDEN OAKS, SUITE 310 ROCHESTER, NY 14625 Address of the firm	09/11/2025 Date 23-06399 Most recent enrollment number 585-389-8700 Telephone number (including area code)
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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	20931982
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	13731107
9 Amount remaining (line 7 minus line 8)		7200875
10 Interest on line 9 using prior year's actual return of <u>11.13</u> %		801457
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>5.36</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
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8002332

Part III Funding Percentages

14 Funding target attainment percentage	14	88.69 %
15 Adjusted funding target attainment percentage	15	88.69 %
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	84.63 %
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
04/11/2024	5415000	0			
07/12/2024	5415000	0			
01/15/2025	2900000	0			
04/15/2025	425000	0			
07/15/2025	425000	0			
09/09/2025	7800000	0			
Totals ▶			18(b)	22380000	18(c)

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	21309281

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
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

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

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

Part VIII	Minimum Required Contribution For Current Year
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	19829505
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		43828921	4227566
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	24057071
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8002332	8002332
36 Additional cash requirement (line 34 minus line 35)		36	16054739
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	21309281
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	5254542
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	5254542
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	

Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)
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41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan UNITY HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 22-2572873	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
SEI TRUST COMPANY
06-1271230

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AXIOM INTERNATIONAL INVESTORS, LLC
13-4021938

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

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

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)

MERCER

13-2834414

(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?
50 11	ACTUARY	253303	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST COMPANY

36-1561860

(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 13	ADMIN/CUSTODIAL FEES	248440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC

26-1429809

(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?
17	INVESTMENT CONSULTANT	128329	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WILLIS TOWERS WATSON

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	ACTUARY	70926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC

20-0292745

(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?
51	INVESTMENT MANAGER	68549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSTON INTERNATIONAL

53-0237142

(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?
51	INVESTMENT MANAGER	61287	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

HOTCHKIS & WILEY CAP MGMT

95-4871957

(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?
51	INVESTMENT MANAGER	36177	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK

94-3112180

(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?
51	INVESTMENT MANAGER	25485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMERALD PRINT MANAGEMENT, INC.

01-0803249

(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?
49	OTHER	9281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan UNITY HEALTH SYSTEM RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UNITY HEALTH SYSTEM		D Employer Identification Number (EIN) 22-2572873
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LONG DURATION CREDIT		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY		
c EIN-PN 27-4520291-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43516888
a Name of MTIA, CCT, PSA, or 103-12 IE: AXIOM EMERGING MARKETS EQUITY		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 81-1085578-087	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13705647
a Name of MTIA, CCT, PSA, or 103-12 IE: ARROWSTREET GLOBAL EQUITY ACWI CIT		
b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY		
c EIN-PN 37-6607043-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11829290
a Name of MTIA, CCT, PSA, or 103-12 IE: JENNISON GLOBAL OPPORTUNITY		
b Name of sponsor of entity listed in (a): PRUDENTIAL TRUST COMPANY		
c EIN-PN 23-6994310-210	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10492251
a Name of MTIA, CCT, PSA, or 103-12 IE: LAZARD GL EQ FRANCHISE CIT		
b Name of sponsor of entity listed in (a): GREAT GREY TRUST COMPANY		
c EIN-PN 38-7304121-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9607174
a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSTON INTERNATIONAL EQUITY GROUP		
b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS		
c EIN-PN 26-6493485-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8019443
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan UNITY HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 22-2572873

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	11770000	11550000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3480825	158776
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	50195600	46816289
(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)	6999833	7285910
(5) Partnership/joint venture interests	1c(5)	158402375	163796002
(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)	73473993	97170693
(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)	17154871	16272322
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	321477497	343049992
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		2315353
k Total liabilities (add all amounts in lines 1g through 1j)	1k		2315353
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	321477497	340734639

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)	22380000	
(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)		22380000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3386869	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3386869
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	45793257	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	32837757	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		12955500
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	368377	
(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)		4916975
(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)		-1474515
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		42533206

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	16382117	
(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)		16382117
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)	248440	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	191498	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	324229	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6129780	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		6893947
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23276064

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19257142
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: **FREED MAXICK P.C.**

(2) EIN: **45-4051133**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		4000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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 560228.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan UNITY HEALTH SYSTEM RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNITY HEALTH SYSTEM				D Employer Identification Number (EIN) 22-2572873	
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	
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): 36-3046063					
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	34
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 7.1 % Private Equity: 49.5 % Investment-Grade Debt and Interest Rate Hedging Assets: 0.0 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 14.1 % Other: 29.3 %

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

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

Unity Health System Retirement Plan
Financial Statements
Years Ended December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of the
Unity Health System Retirement Plan

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

We have performed audits of the financial statements of Unity Health System 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, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 10 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 (U.S. GAAP).
- 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 U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of schedule H, line 4i – schedule of assets (held at end of year) as of December 31, 2024 and schedule H, line 4j – schedule of reportable transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 its form and content, is presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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).

Freed Maxick P.C.

Rochester, New York
October 8, 2025

Unity Health System Retirement Plan
Statements of Net Assets Available for Benefits
December 31,

ASSETS	2024	2023
Investments at fair value:		
Cash and cash equivalents	\$ 46,816,289	\$ 50,195,600
Common collective trusts	97,170,693	73,473,993
Common stocks	7,285,910	6,999,833
Equity mutual funds	6,240,336	7,456,380
Fixed income mutual funds	10,031,986	9,698,491
Limited partnerships	163,796,002	158,402,375
Total investments	331,341,216	306,226,672
Receivables:		
Accrued income	158,776	217,325
Employer contributions receivable	11,550,000	11,770,000
Variation margin receivable	-	3,263,500
Total receivables	11,708,776	15,250,825
Total assets	343,049,992	321,477,497
LIABILITIES		
Variation margin payable	2,315,353	-
Total liabilities	2,315,353	-
Net assets available for benefits	\$ 340,734,639	\$ 321,477,497

See accompanying notes.

Unity Health System Retirement Plan

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31,

	<u>2024</u>	<u>2023</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 16,766,337	\$ 29,673,097
Interest and dividends	<u>3,386,869</u>	<u>3,196,847</u>
Total investment income	20,153,206	32,869,944
Employer contributions	<u>22,380,000</u>	<u>11,770,000</u>
Total additions	42,533,206	44,639,944
Deductions:		
Benefits paid directly to participants	16,382,117	14,817,427
Administrative expenses	<u>6,893,947</u>	<u>8,047,541</u>
Total deductions	<u>23,276,064</u>	<u>22,864,968</u>
Net increase	19,257,142	21,774,976
Net assets available for benefits		
Beginning of year	<u>321,477,497</u>	<u>299,702,521</u>
End of year	<u><u>\$ 340,734,639</u></u>	<u><u>\$ 321,477,497</u></u>

See accompanying notes.

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 1. Description of the Plan

The following description of the Unity Health System Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan providing retirement, disability, and death benefits to all eligible employees of Unity Health System (the System), a subsidiary of Rochester Regional Health (RRH). The Plan is subject to the provisions of ERISA. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance.

Employees qualify for participation in the Plan after completion of one year of eligible service as defined by the Plan document.

Administration

The Plan is administered by RRH. The assets of the Plan are held in custodian accounts with the Plan's custodian, The Northern Trust Company. Administrative services of the Plan are performed by the Plan's custodian.

Funding Policy

The Plan's funding policy is for the System to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the years ended December 31, 2024 and 2023, the System made contributions of \$22,380,000 and \$11,770,000, respectively. In total, the System's contributions for 2024 and 2023 met the minimum funding requirements of ERISA. Although it has not expressed any intention to do so, the System has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Benefits are determined based on the participant's years of benefit service and compensation as defined by the Plan agreement. The Plan provides for 100% vesting after five years of credited service and 0% vesting if less than five years of service have been credited. The Plan permits early retirement at age 55 with five years of service. If employees terminate before completing five years of service, they receive no vested benefits.

If an active vested participant dies before reaching retirement date, a death benefit equal to 50% of the retirement income payable, had the participant elected early retirement, would be paid to a qualified surviving spouse.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of financial statements in accordance 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 at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors, the custodian, and the trustee of the Plan. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid by the Plan, as provided by the plan document. Expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events

The Plan evaluated its December 31, 2024, financial statements for subsequent events through October 8, 2025, the date the financial statements were issued.

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on the employees' compensation during each year of credited service. The accumulated plan benefits for active employees are based on compensation and years of service to the valuation date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of December 31, 2023 was (a) life expectancy of participants (Pri-2012 Mortality Tables projected with Scale MP - 2021), (b) retirement age assumptions (graded by age), and (c) investment return. The interest rates used to discount the obligation for 2024 was 5.74%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

The accumulated plan benefit information as of the beginning of the Plan year is as follows:

	<u>December 31, 2023</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 132,091,282
Other participants	157,785,088
Non-vested benefits	<u>5,004,595</u>
Actuarial present value of accumulated benefits	<u>\$ 294,880,965</u>

The changes in the actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2023	\$ 278,246,333
Changes during the year attributed to:	
Benefits accumulated, including gains and losses	11,115,379
Increase for interest due to decrease in discount period	20,266,517
Benefits paid directly to participants	(14,817,427)
Change in actuarial assumptions	<u>70,163</u>
Net increase	<u>16,634,632</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u>\$ 294,880,965</u>

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in actuarial assumptions are primarily due to changes in the segment rates and mortality tables used to convert annuities to lump sums. Annuities are converted to lump sums using three segment rates based on the expected timing of the annuity payments. The first, second, and third segment rates are used to discount expected annuity payments in the first five years, the next fifteen years, and all years thereafter, respectively. The lump sum conversion rates were updated to reflect actual rates in effect for 2024 and forward rates, thereafter, based on the November 2023 segment rates of 5.50%, 5.76%, and 5.83%.

Significant assumptions and methods underlying the actuarial computations at December 31, 2023 are as follows:

Actuarial cost method	Unit Credit Actuarial Cost Method
Assumed rate of return on investments	7.50% per annum
Mortality basis	Pri-2012 Tables projected with Scale MP-2021
Retirement	Table of rates between 55 – 70+

Note 4. Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain 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.

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

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023.

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents (a)	\$ 46,816,289	\$ -	\$ -	\$ 46,816,289
Common collective trusts (b)	-	-	-	97,170,693
Common stocks (c)	7,285,910	-	-	7,285,910
Equity mutual funds (d)	6,240,336	-	-	6,240,336
Fixed income mutual funds (e)	10,031,986	-	-	10,031,986
Limited partnerships:				
Public equity focused (f)	-	-	-	31,467,127
Private equity focused (g)	-	-	-	48,320,565
Fixed income focused (h)	-	-	-	19,534,381
Multi-strategy focused (i)	-	-	-	54,330,509
Private debt focused (j)	<u>-</u>	<u>-</u>	<u>-</u>	<u>10,143,420</u>
Total investments at fair value	<u>\$ 70,374,521</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 331,341,216</u>

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 5. Fair Value Measurements (Continued)

	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents (a)	\$ 50,195,600	\$ -	\$ -	\$ 50,195,600
Common collective trusts (b)	-	-	-	73,473,993
Common stocks (c)	6,999,833	-	-	6,999,833
Equity mutual funds (d)	7,456,380	-	-	7,456,380
Fixed income mutual funds (e)	9,698,491	-	-	9,698,491
Limited partnerships:				
Public equity focused (f)	-	-	-	28,637,167
Private equity focused (g)	-	-	-	48,288,138
Fixed income focused (h)	-	-	-	17,253,859
Multi-strategy focused (i)	-	-	-	51,425,652
Private debt focused (j)	<u>-</u>	<u>-</u>	<u>-</u>	<u>12,797,559</u>
Total investments at fair value	<u>\$ 74,350,304</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 306,226,672</u>

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 and 2023.

- (a) Cash and cash equivalents – include cash and investments in short-term instruments used to complete investment policy asset allocations when cash balances are high; primarily short-term in nature such as daily priced contracts, short-term debt securities including money market funds, United States (U.S.) Treasury bills, commercial paper and certificates of deposits.
- (b) Common collective trusts – valued at net asset value (NAV) of units of the common collective trust. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. These trusts have a daily redemption frequency with a notice period of 30 days at December 31, 2024 and 2023. In accordance with Subtopic 820-10, these investments were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts were presented in this are intended to permit reconciliation of their fair value hierarchy to the line items presented in the statements of net assets available for benefits.
- (c) Common stocks – includes large market capitalization common stock and call options of corporations primarily domiciled in the United States. Valued at the closing price reported in the active market in which the individual security is traded. These investments are classified as Level 1 investments.
- (d) Equity mutual funds – investments in equity mutual funds that maintain diverse portfolios of exchange traded equity securities. Valued at the closing price reported in the active market in which the individual security is traded. These investments are classified as Level 1 investments.

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 5. Fair Value Measurements (Continued)

- (e) Fixed income mutual funds – investments in fixed income mutual funds that maintain diverse portfolios of short-term high-quality bonds, actively managed across the mortgage-backed security, U.S. Treasury, corporate, and international fixed income sectors. Valued at the closing price reported in the active market in which the individual security is traded. These investments are classified as Level 1 investments.

Limited Partnerships

The following limited partnerships are valued at estimated fair value based on quarterly financial information received from the investment advisor and/or general partner or audited financial statements of the partnership. Securities or other assets for which market quotations are not readily available or for which market quotations do not represent the value at the time of pricing (including certain illiquid securities) are fair valued in accordance with procedures established by and under the supervision and responsibility of the Trustee of that investment. Such procedures may include the use of independent pricing services or affiliated advisor pricing, which use prices based upon yields or prices of securities of comparable quality, coupon, maturity and type, indications as to values from dealers, operating data, and general market conditions. In accordance with Subtopic 820-10, these investments were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

- (f) Public equity focused limited partnerships – the investment objective for public equity focused investments is to generate equity-like returns with lower volatility by investing in public equities. The fund can also invest in other public securities as well. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly or quarterly basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions existed as of December 31, 2024, and through the date of this report.
- (g) Private equity focused limited partnerships – the investment objective for private equity focused investments is to invest in instruments that are not publicly traded with a good diversification within the asset allocation of the portfolio. This strategy can be illiquid, with capital being locked up until the general partner decides to return capital to investors. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly or quarterly basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions existed as of December 31, 2024, and through the date of this report.
- (h) Fixed income focused limited partnerships – the investment objective for fixed income focused investments is to generate returns by investing in credit markets. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly or quarterly basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions existed as of December 31, 2024, and through the date of this report.
- (i) Multi-strategy focused limited partnerships – the investment objective for vehicles that use a multi-strategy focused approach is a combination of some or all of the above-mentioned strategies to maximize return while minimizing risk through diversification. Multi-strategy focused investments seek to obtain return in multiple sectors with a goal of preserving capital. While specific liquidity provisions vary by fund, redemptions are generally permitted on a monthly or quarterly basis. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions existed as of December 31, 2024, and through the date of this report.

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 5. Fair Value Measurements (Continued)

- (j) Private debt focused limited partnerships – includes debt securities in a privately held company. While fund managers reserve the right to suspend redemptions under certain market conditions, no such conditions existed as of December 31, 2024, and through the date of this report.

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

Investments Measured Using the NAV per Share Practical Expedient: The following table summarizes investments measured at fair value based on NAV per share practical expedient as of December 31:

	Fair Value		Unfunded Commitments	
	<u>2024</u>	<u>2023</u>	<u>2024</u>	<u>2023</u>
Common collective trusts	\$ 97,170,693	\$ 73,473,993	\$ -	\$ -
Limited partnerships:				
Public equity focused	31,467,127	28,637,167	-	-
Private equity focused	48,320,565	48,288,138	12,116,719	10,097,400
Fixed income focused	19,534,381	17,253,859	-	-
Multi-strategy focused	54,330,509	51,425,652	-	-
Private debt focused	<u>10,143,420</u>	<u>12,797,559</u>	<u>5,940,437</u>	<u>2,544,311</u>
	<u>\$ 260,966,695</u>	<u>\$ 231,876,368</u>	<u>\$ 18,057,156</u>	<u>\$ 12,641,711</u>

The investments in limited partnerships typically have liquidity restrictions. Amounts can be divested only at specified times based on terms in the partnership agreements. The financial statements of the limited partnerships are audited annually, generally as of December 31.

At December 31, 2024, the redemption frequencies of the limited partnerships of the Plan are as follows: less than one week (43%), monthly (23%), less than six months (14%) and greater than six months (20%). At December 31, 2023, the redemption frequencies of the limited partnerships of the Plan are as follows: less than one week (44%), monthly (20%), less than six months (13%) and greater than six months (23%).

The Redemption Notice Period for limited partnerships varies dependent on investment structure type. Notice requirements for limited partnerships generally range from 3 to 120 days for those funds having redemption provisions.

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 6. Financial Instruments and Futures Contracts

Financial Instruments

In the normal course of operations, the Plan enters into derivative financial instruments (Futures Contracts) that have been recorded at fair value on the statements of net assets available for benefits. The contract or notional amounts disclosed below provide a measure of the Plan's involvement in such instruments but are not indicative of potential loss. The Plan's fiduciaries do not anticipate any material adverse effect on the Plan's financial position resulting from its involvement in these instruments.

Futures Contracts

Investment managers for the Plan may enter into various Futures Contracts to economically hedge investments in domestic securities or to obtain exposure to markets where no physical securities are available, such as an interest rate index. These Futures Contracts, which are considered derivatives, are agreements between two parties to buy or sell a security or financial interest at a set price or yield on a future date and are standardized and exchange traded. Upon entering into such a contract on behalf of the Plan, the investment manager is required to pledge to the broker an amount of cash or securities equal to the minimum "initial margin" requirements of the exchange on which the contract is traded. The initial margin requirements for Futures Contracts are reflected in the statements of net assets available for benefits. Pursuant to the contract, the investment manager agrees to receive from or pay to the broker an amount of cash equal to the daily fluctuation in the value of the contract. Such receipts or payments, made on a daily basis, are known as variation margin and are recorded by the trustee as a realized gain or loss equal to the difference in the value of the contract between daily closing prices.

During 2024, the Plan entered into 6,175 Futures Contracts with a total notional amount of \$1,212,649,242.

During 2023, the Plan entered into 9,169 Futures Contracts with a total notional amount of \$1,608,448,755.

In the table below, Futures Contracts purchased refers to the underlying notional amount of the open Futures Contracts and does not represent an asset or liability of the Plan.

Variation margin receivable (payable) represents the unsettled variation margin as of year-end. This amount is reflected as a receivable or payable on the statements of net assets available for benefits.

At December 31, 2024, open Futures Contracts related to the Plan were as follows:

<u>Type of Contracts</u>	<u>Number of Futures Contracts</u>	<u>Expiration</u>	<u>Futures Contracts Purchased</u>	<u>Variation Margin Receivable (Payable)</u>
Equity index futures	206	Various 2025	\$ 44,848,353	\$ (1,389,238)
Fixed income futures	435	Various 2025	\$ 50,184,412	\$ (912,428)
Currency futures	6	Various 2025	\$ 627,963	\$ (13,687)

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 6. Financial Instruments and Futures Contracts (Continued)

At December 31, 2023, open Futures Contracts related to the Plan were as follows:

<u>Type of Contracts</u>	<u>Number of Futures Contracts</u>	<u>Expiration</u>	<u>Futures Contracts Purchased</u>	<u>Variation Margin Receivable (Payable)</u>
Equity index futures	219	Various 2024	\$ 40,480,040	\$ 1,587,506
Fixed income futures	176	Various 2024	\$ 22,296,605	\$ 1,663,952
Currency futures	5	Various 2024	\$ 535,969	\$ 12,042

The Plan recognized the following realized and unrealized gains (losses) on Futures Contracts in the statements of changes in net assets available for benefits for the year ended December 31, 2024:

<u>Type of Contracts</u>	<u>Realized Gains/(Losses)</u>	<u>Unrealized Gains/(Losses)</u>
Equity index futures	\$ 9,868,480	\$ (2,976,692)
Fixed income futures	\$ 185,474	\$ (2,579,620)
Currency futures	\$ (29,477)	\$ (25,726)

The Plan recognized the following realized and unrealized gains (losses) on Futures Contracts in the statements of changes in net assets available for benefits for the year ended December 31, 2023:

<u>Type of Contracts</u>	<u>Realized Gains/(Losses)</u>	<u>Unrealized Gains/(Losses)</u>
Equity index futures	\$ 4,818,267	\$ 3,075,812
Fixed income futures	\$ (4,999,754)	\$ 1,460,876
Currency futures	\$ (90,884)	\$ 7,417

Note 7. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Unity Health System Retirement Plan

Notes to the Financial Statements

Note 8. Income Tax Status

The Plan obtained its latest determination letter on June 18, 2014, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Related-Party and Party-in-Interest Transactions

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

Note 10. Financial Certification

The following unaudited financial information relating to the Plan's December 31, 2024 and 2023 assets, as well as earnings and transactions for the years then ended, has been derived from information provided by the custodian of the Plan, The Northern Trust Company, and has been certified as complete and accurate. The incorporation of this financial information in the accompanying financial statements is based solely on their certification, and the information relating to assets has not been audited by independent accountants. In addition, The Northern Trust Company has certified the unaudited financial data contained in the supplemental schedule at December 31, 2024.

	<u>2024</u>	<u>2023</u>
Investments at fair value:		
Cash and cash equivalents	\$ 46,816,289	\$ 50,195,600
Common collective trusts	\$ 97,170,693	\$ 73,473,993
Common stocks	\$ 7,285,910	\$ 6,999,833
Equity mutual funds	\$ 6,240,336	\$ 7,456,380
Fixed income mutual funds	\$ 10,031,986	\$ 9,698,491
Limited partnerships	\$ 163,796,002	\$ 158,402,375
Transactions for the years ended:		
Net appreciation in fair value of investments	\$ 16,766,337	\$ 29,673,097
Interest and dividends	\$ 3,386,869	\$ 3,196,847

Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
Cash and cash equivalents:		
CASH	\$ 23,750,655	\$ 23,750,655
*COLTV SHORT TERM INVT FD	23,065,634	23,065,634
Total cash and cash equivalents	46,816,289	46,816,289
Common collective trusts:		
CF BLACKROCK LONG DURATION CREDIT SCREENED NON-LENDABLE FUND	46,418,366	43,516,888
AXIOM EMERGING MARKETS EQUITY FUND	10,500,000	13,705,647
CF ARROWSTREET GLOBAL EQUITY ACWI CIT CLASS A	7,867,822	11,829,290
JENNISON GLOBAL OPPORTUNITY FUND	1,000,000	10,492,251
CF LAZARD GL EQ FRANCHISE CIT CL 4	9,316,771	9,607,174
CF JOHNSTON INTERNATIONAL EQUITY GROUP TRUST FUND	7,135,866	8,019,443
Total common collective trusts	82,238,825	97,170,693
Common stocks:		
PATTERSON COS INC COM	35,409	44,130
NEXTDECADE CORP COM	31,664	42,791
GROUP 1 AUTOMOTIVE INC COM	16,122	41,727
ALASKA AIR GROUP INC COM	21,543	38,203
PLEXUS CORP COM	21,707	38,025
TXNM ENERGY INC COM NPV	33,552	37,074
MARRIOTT VACATIONS WORLDWIDE CORP COM	33,285	36,236
ATMUS FILTRATION TECHNOLOGIES INC COM	22,254	36,046
ENVISTA HLDGS CORP COM	31,278	35,687
FIRST HAWAIIAN INC COM	31,858	35,629
HANOVER INS GROUP INC COM	28,583	35,572
ECOVYST INC COM USD0.01	47,310	35,220
RESIDEO TECHNOLOGIES INC COM	29,944	35,036
FEDERATED HERMES INC COM NPV CLASS B	25,558	34,944
VITAL ENERGY INC COM	49,326	34,940
BELDEN INC COM	17,495	34,925
BREAD FINANCIAL HOLDINGS INC COM	20,259	34,804
VERITEX HLDGS INC COM	26,454	34,765
VAL NATL BANCORP COM	33,552	34,754
CRESCENT ENERGY CO COM CL A	30,184	34,728
SONIC AUTOMOTIVE INC CL A	24,317	34,525
PROPETRO HLDG CORP COM	29,101	34,428
OCEANFIRST FINL CORP COM	34,198	34,390
EMPLOYERS HLDGS INC COM	25,527	34,119
RUSH ENTERPRISES INC CL A	20,418	33,860
HILLENBRAND INC COM STK	38,067	33,858
UNITED PARKS & RESORTS INC	30,630	33,714

The above data is based solely upon information which has been certified
as complete and accurate by The Northern Trust Company.

Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
KODIAK GAS SVCS INC COM	23,609	33,481
HORACE MANN EDUCATORS CORP COM	31,440	33,149
WHITE MOUNTAINS INSURANCE GROUP	24,544	33,066
KORN FERRY COM	21,674	33,028
GREENBRIER COS INC COM STK	18,310	32,935
EVERI HLDGS INC COM	25,952	32,829
MGIC INVT CORP WIS COM	20,298	32,720
TRAVEL + LEISURE CO COM	25,717	32,288
ENTERPRISE FINL SVCS CORP COM STK	26,242	32,148
NMI HOLDINGS INC COMMON STOCK	18,504	31,981
SPIRE INC COM	29,548	31,769
EAGLE BANCORP INC MD COM	35,227	31,757
VIRTU FINL INC CL A CL A	19,634	31,755
METHODE ELECTRS INC COM	45,593	31,715
HOPE BANCORP INC COM	31,164	31,499
CRANE NXT CO COM	31,258	31,439
ASSOCTD BANC-CORP COM	25,123	31,309
KEMPER CORP DEL COM	23,424	31,227
CATHAY GENERAL BANCORP INC COM	26,208	31,185
EMPIRE ST RLTY TR INC CL A CL A	21,117	31,166
PFD BK L A CAL COM	23,596	31,097
HEIDRICK & STRUGGLES INTL INC COM	20,748	31,017
PROTO LABS INC COM	24,065	30,881
VIRTUS INVT PARTNERS INC COM	31,204	30,881
EURONET WORLDWIDE INC COM	29,440	30,852
PROVIDENT FINL SVCS INC COM	26,839	30,796
PEBBLEBROOK HOTEL TR COM STK	42,503	30,781
CNO FINL GROUP INC COM	16,284	30,661
CALIFORNIA RES CORP COM	22,164	30,615
BANKUNITED INC	22,917	30,536
BLACK HILLS CORP COM	36,623	30,430
SANDY SPRING BANCORP INC CMT-COM CMT-COM	25,524	30,339
BARNES GROUP INC MERGER	23,752	30,246
ALLETE INC COM NEW	29,367	30,067
MGE ENERGY INC COM	27,866	30,067
NORTHWEST NAT HLDG CO COM	33,897	30,066
CUSHMAN & WAKEFIELD INC	22,487	29,953
WORLD KINECT CORPORATION COM	27,444	29,950
NORTHWESTERN ENERGY GROUP INC	30,947	29,938
THERMON GROUP HLDGS INC	23,953	29,892
PHINIA INC COM WI	17,395	29,865
NORTHERN OIL & GAS INC COM NEW	19,081	29,688
PHOTRONICS INC COM	24,354	29,686
PARK HOTELS & RESORTS INC COM	28,996	29,587
PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW	28,541	29,560
KFORCE INC	30,550	29,484

The above data is based solely upon information which has been certified
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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
DIODES INC COM	32,648	29,293
VISTEON CORP COM NEW COM NEW	36,409	29,278
TALOS ENERGY INC COM STK	36,777	29,227
INMODE LTD COM	36,937	29,225
AVISTA CORP COM	32,504	29,194
COLUMBIA BKG SYS INC COM	32,312	29,171
SOUTHWEST GAS HLDGS INC COM	25,998	28,991
HERBALIFE LTD	53,100	28,968
UNIVEST FINANCIAL CORP	21,328	28,920
SIMMONS 1ST NATL CORP CL A R CL A	26,281	28,883
PAR PACIFIC HOLDINGS INC COM NEW COM NEW	34,087	28,519
KNIFE RIV HLDG CO COM	22,822	28,459
EDGEWELL PERS CARE CO COM	32,607	28,350
DIME CMNTY BANCSHARES INC NEW COM	19,669	28,276
AVNET INC COM	17,160	28,253
ITRON INC COM STK NPV	14,585	28,231
OTTER TAIL CORP	19,477	28,059
SLM CORP COM	15,560	27,856
VISHAY INTERTECHNOLOGY INC COM STK	31,319	27,782
ESSENT GROUP LTD COM STK	21,296	27,764
G-III APPAREL GROUP LTD COM	15,792	27,727
WABASH NATL CORP COM	29,332	27,699
WAFD INC COM STK USD1	24,988	27,630
AXIS CAPITAL HOLDINGS LTD COM	15,225	27,609
REX AMERICAN RESOURCES CORP	28,708	27,599
OXFORD INDS INC COM	33,642	27,573
ARROW ELECTR INC COM	29,843	27,149
PREMIER FINL CORP	24,137	27,104
MSC INDL DIRECT INC CL A COM	32,005	26,888
WESTERN UNION CO	32,783	26,818
ASGN INCORPORATED COMN STK	30,530	26,669
HILLTOP HLDGS INC COM STK	27,758	26,626
INGEVITY CORP COM	33,812	26,488
ADVANCE AUTO PTS INC COM	32,125	26,482
CENTRAL PAC FINL CORP COM NEW	18,629	26,436
TEGNA INC COM	21,883	26,389
GATES INDL CORP PL COM	15,430	26,330
RADIAN GROUP INC COM	14,699	26,328
ENACT HLDGS INC COM	20,750	26,228
ADEIA INC COM	21,551	26,003
INTERNATIONAL GAME TECHNOLOGY COMMON STOCK	33,646	25,784
HELEN TROY LTD COM STK	25,924	25,727
TIMKEN CO COM	30,771	25,693
BAYTEX ENERGY CORP COM	32,832	25,681
HANMI FINL CORP COM NEW COM NEW	18,904	25,486
ASSURED GUARANTY LTD COMMON STK	15,094	25,203

The above data is based solely upon information which has been certified
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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
NORTHFIELD BANCORP INC DEL COM	24,237	25,076
BRINKS CO COM	20,860	25,048
SILGAN HLDGS INC COM	21,954	24,984
KOSMOS ENERGY LTD COM	34,796	24,980
PBF ENERGY INC CL A CL A	36,187	24,957
BROOKLINE BANCORP INC DEL COM BROOKLINE BANCORP INC	22,335	24,839
CAL MAINE FOODS INC COM NEW STK	14,278	24,701
MAXIMUS INC COM	27,581	24,635
REV GROUP INC COM	15,987	24,586
NU SKIN ENTERPRISES INC CL A CL A	45,398	24,391
NAVIENT CORP COM	29,560	24,374
ASBURY AUTOMOTIVE GROUP INC COM	17,627	24,303
HARLEY DAVIDSON COM	30,800	24,104
ALBANY INTL CORP NEW CL A	26,404	24,072
ARMSTRONG WORLD INDS INC NEW COM STK	13,181	24,026
SCANSOURCE INC COM	16,003	23,820
TRI POINTE HOMES INC	20,161	23,787
WK KELLOGG CO COM	21,211	23,747
MONARCH CASINO & RESORT INC COM	21,714	23,670
MANPOWERGROUP INC	31,883	23,665
SCHNEIDER NATL INC WIS CL B CL B	21,370	23,500
HILTON GRAND VACATIONS INC COM	24,800	23,370
BANC CALIF INC COM	19,680	23,153
TRUEBLUE INC COM STK	43,275	23,100
HUNTSMAN CORP COM STK	30,769	23,078
INDEPENDENT BK CORPORATION	14,948	22,988
BLOOMIN BRANDS INC COM	36,742	22,955
HAVERTY FURNITURE COS INC COM STK	31,078	22,928
AMBAC FINL GROUP INC COM	25,977	22,897
INTERFACE INC COM	9,853	22,889
ADIENT PLC ADIENT PLC LTD COM	37,515	22,761
BERKSHIRE HILLS BANCORP INC COM	19,916	22,744
FIRST INTERSTATE BANCSYS/MT	21,197	22,729
INDEPENDENT BK CORP MASS COM COM STK	22,327	22,666
PLAYA HOTELS & RESORTS N V COMN STOCK	14,589	22,644
SIGNET JEWELERS LTD ORD	17,799	22,599
IPG PHOTONICS CORP COM	28,831	22,543
FLUSHING FINL CORP COM	25,482	22,434
LIBERTY ENERGY INC COM CL A	14,265	22,277
TRUBRIDGE INC COMMON STOCK	17,882	22,086
EXPRO GROUP HOLDINGS N.V	30,031	21,947
CAPITOL FED FINL INC COM	24,241	21,867
NATIONAL ENERGY SERVICES REU	26,295	21,862
M / I HOMES INC	8,271	21,671
STEWART INFORMATION SVCS CORP COM	15,230	21,597
CACTUS INC CL A CL A	15,724	21,593

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
SHUTTERSTOCK INC COM	28,835	21,549
NB BANCORP INC COM	22,594	21,491
POLARIS INC	31,051	21,319
LINDSAY CORPORATION COM	23,388	21,296
RESOURCES CONNECTION INC COM	33,394	21,078
DENNYS CORP COM	30,333	21,054
TOMPKINS FINL CORP COM	16,993	21,027
ABM INDS INC COM	17,895	20,984
JANUS INTL GROUP INC COM	38,711	20,948
CROSSFIRST BANKSHARES INC COM	18,233	20,907
MADDEN STEVEN LTD COM	17,039	20,835
MILLERKNOLL INC COM STK	26,478	20,728
PAC PREMIER BANCORP COM	24,030	20,709
WASHINGTON TR BANCORP INC COM	23,290	20,691
CARTER INC FORMERLY CARTER HLDGS INC	26,042	20,592
UNIFIRST CORP MASS COM	22,516	20,573
PVTPL FIRST FNDTN INC COM	23,034	20,431
TITAN MACHY INC COM	34,741	20,347
AMPHASTAR PHARMACEUTICALS INC DEL COM	23,512	20,050
NATIONAL PRESTO INDS INC COM	17,223	19,881
INNOVEX INTERNATIONAL INC COM NPV	31,276	19,837
KB HOME COM	11,449	19,716
STAGWELL INC	15,740	19,608
RPC INC COM	23,041	19,602
MYERS INDS INC COM	30,538	19,556
INSPERITY INC COM	25,636	19,378
HERITAGE FINL CORP WASH COM	15,024	19,355
PERELLA WEINBERG PARTNERS COM CL A	8,841	19,310
COMMUNITY TR BANCORP INC COM	14,141	19,260
HAIN CELESTIAL GROUP INC COM	27,223	19,250
CONNECTONE BANCORP INC NEW COM	19,500	19,244
MERCHANTS BANCORP IND COM	15,435	19,011
ALEXANDERS INC COM REIT FUND	22,950	19,006
PEAPACK-GLADSTONE FINL CORP COM	16,874	18,910
CAMDEN NATL CORP COM	16,794	18,891
TRIMAS CORP COM NEW COM NEW	22,702	18,688
ANDERSONS INC COM	17,923	18,639
SUNCOKE ENERGY INC COM	17,474	18,511
ENERGIZER HLDGS INC NEW COM	17,539	18,492
LAUREATE ED INC COM CL A	15,777	18,473
OSI SYS INC COM	14,424	18,417
AMERN WOODMARK CORP COM	23,342	18,292
SIRIUSPOINT LTD COM	9,451	18,177
CVR ENERGY INC COM STK	25,853	17,990
FIRST INTERNET BANCORP COM STK	10,792	17,953
MERCURY GEN CORP NEW COM	10,266	17,950

The above data is based solely upon information which has been certified
as complete and accurate by The Northern Trust Company.

Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
EL POLLO LOCO HLDGS INC COM	18,036	17,656
KEARNY FINL CORP MD COM	20,761	17,488
SELECT WATER SOLUTIONS INC	11,130	17,344
ADTALEM GLOBAL ED INC COM	8,440	17,262
DIAMONDROCK HOSPITALITY CO COM STK	15,581	17,224
FOX FACTORY HLDG CORP COM	26,837	16,951
EXCELERATE ENERGY INC CL A COM CL A COM	10,856	16,940
VAALCO ENERGY INC COM NEW COM NEW	19,310	16,825
CENTRAL GARDEN & PET CO COM	14,802	16,684
NORDSTROM INC COM	15,611	16,664
AERSALE CORP COM	29,807	16,569
ADVANSIX INC COM	19,276	16,524
MIDLAND STS BANCORP INC ILL COM	14,904	16,348
MILLER INDS INC TENN COM NEW	9,573	16,340
LIVE OAK BANCSHARES INC COM	14,106	16,216
INSTEEL INDS INC COM	16,666	16,206
HURON CONSULTING GROUP INC COM STK	14,155	16,154
HERITAGE COMM CORP COM STK	15,718	16,134
MIDWESTONE FINL GROUP INC NEW COM STK	14,327	16,103
TUTOR PERINI CORP COM	6,718	16,020
NCR ATLEOS CORPORATION COM USD0.01 WI	9,999	15,942
DELEK US HLDGS INC NEW COM	19,071	15,910
GREEN BRICK PARTNERS INC COM	10,384	15,874
SYLVAMO CORP COM	9,561	15,804
REVELYST INC	15,580	15,769
APOGEE ENTERPRISES INC COM	14,929	15,710
MCGRATH RENTCORP COM	15,647	15,655
PROFRAC HLDG CORP CL A CL A	14,279	15,598
PROASSURANCE CORP COM	16,069	15,592
KIMBALL ELECTRONICS INC COM	16,533	15,546
LINCOLN NATL CORP COM	13,626	15,538
HORIZON BANCORP INC/IN COM	13,146	15,305
SANMINA CORP COM	9,006	15,285
HEALTHCARE SVCS GROUP INC COM	18,991	15,216
GOODYEAR TIRE & RUBBER CO COM	21,077	15,210
SERITAGE GROWTH PPTYS CL A	44,210	15,178
APOLLO COML REAL ESTATE FIN INC COM	19,009	14,880
BRIGHTSPIRE CAP INC CL A	17,206	14,790
PAPA JOHNS INTL INC COM	16,027	14,785
TRUSTCO BK CORP N Y COM NEW	14,195	14,781
AZZ INC COM	7,848	14,746
CABOT CORP COM	8,161	14,610
ENNIS INC COM	14,745	14,552
F&G ANNUITIES & LIFE INC COM	15,344	14,504
JOHNSON OUTDOORS INC CL A CL A	36,834	14,190
KENNAMETAL INC CAP	15,078	14,172

The above data is based solely upon information which has been certified
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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
ZOOMINFO TECHNOLOGIES INC COM	15,286	14,083
DIAMOND HILL INVT OH	14,062	13,959
PAYONEER GLOBAL INC COM	7,777	13,956
MARINEMAX INC COM	17,870	13,896
MARTEN TRANS LTD COM	17,983	13,893
ZYNEX INC COM STK	18,929	13,777
ONEWATER MARINE INC CL A CL A	25,005	13,730
ACCEL ENTMT INC COM CL A-1 COM CL A-1	14,123	13,670
PETMED EXPRESS INC COM STK	25,102	13,448
MEDIFAST INC COM	56,948	13,391
INTERNATIONAL MONEY EXPRESS INC COM	11,692	13,331
INNOSPEC INC COM STK	12,894	13,207
UNITIL CORP COM	14,471	13,006
CONCENTRIX CORP	20,376	12,981
STEELCASE INC CL A COM	14,660	12,754
NORTHEAST CMNTY BANCORP INC MD COM	5,783	12,719
ARES COML REAL ESTATE CORP COM	18,795	12,587
DAVE & BUSTERS ENTMT INC COM	19,606	12,552
LGI HOMES INC COM	16,077	12,516
SELECT MED HLDGS CORP COM	9,590	12,441
DOUGLAS DYNAMICS INC COM	14,302	12,288
RMR GROUP INC CL A CL A	15,113	12,178
SIERRA BANCORP COM STK	7,406	11,568
DXP ENTERPRISES INC COM NEW STK	7,490	11,567
LEGGETT & PLATT INC COM	26,122	11,387
INTERNATIONAL SEAWAYS INC COMMON STOCK	16,946	11,141
EPLUS INC COM	6,674	11,082
OIL STS INTL INC COM	11,462	11,031
GLOBAL INDL CO COM	13,269	11,007
FINANCIAL INSTNS INC COM	9,836	10,981
CENTURY CMNTYS INC COM	8,429	10,857
RBB BANCORP COM NPV	8,716	10,552
AIR TRANS SVCS GROUP INC COM STK	7,757	10,550
UNITED FIRE GROUP INC COM USD0.001	7,681	10,527
CONCENTRA GROUP HLDGS PARENT INC COM	8,071	10,523
CONSTELLIUM SE (FRANCE) EUR0.02 CLASS A	17,083	10,475
INDEPENDENT MERGER SOUTHSTATE	7,161	10,314
CNB FINL CORP PA COM	8,309	10,193
FOSTER L B CO CL A	7,140	9,953
GRANITE PT MTG TR INC COM	19,884	9,514
CIVISTA BANCSHARES INC COM	7,949	9,468
PRIMIS FINL CORP COM	10,504	9,328
SHORE BANCSHARES INC COM	6,587	9,288
INVESTAR HLDG CORP COM	6,657	9,267
SOUTHERN FIRST BANCSHARES COM	9,157	9,262
FB FINL CORP COM	6,113	9,066

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
HACKETT GROUP INC COM STK	7,879	8,941
SUN CTRY AIRLS HLDGS INC COM	7,997	8,894
HOME BANCORP INC COM STK	7,337	8,780
SOUTHERN MO BANCORP INC COM	8,346	8,606
TEXAS CAP BANCSHARES INC DEL COM	5,800	8,602
CASS INFORMATION SYS INC COM	8,786	8,591
1ST SOURCE CORP COM	6,365	8,582
BRIDGEWATER BANCSHARES INC COM	7,237	8,511
BAYCOM CORP COM	6,068	8,367
JAKKS PAC INC COM NEW COM NEW	5,188	8,135
BANK MARIN BANCORP COM STK	7,362	8,082
NORTHRIM BANCORP INC COM	4,204	8,028
MERCER INTL INC COM SH BEN INT	12,454	7,930
CARTER BANKSHARES INC COM	7,232	7,916
FIRST BUSINESS FINL SVCS INC WIS COM STK	4,204	7,916
INTERPARFUMS INC	8,342	7,891
TOWNEBANK PORTSMOUTH VA COM	5,386	7,891
FIRST MID BANCSHARES INC	7,765	7,732
CONCRETE PUMPING HLDGS INC COM	7,804	7,726
SOUTH PLAINS FINL INC COM	7,133	7,645
HINGHAM INSTN SVGS MASS COM	7,411	7,624
FIRST FINL CORP IND COM	6,277	7,621
PC CONNECTION INC COM	7,518	7,620
JELD-WEN HLDG INC COM	16,688	7,617
MERCANTILE BK CORP COM	4,701	7,563
PREFORMED LINE PRODS CO COM	3,362	7,540
MGP INGREDIENTS INC NEW COM	15,266	7,480
ARROW FINL CORP COM	7,311	7,465
FS BANCORP INC COM	4,758	7,391
FIRST MERCHANTS CORP COM	6,727	7,380
NATIONAL CINEMEDIA INC COM	6,692	7,304
GREAT SOUTHN BANCORP INC COM	6,087	7,212
MID PENN BANCORP INC COM	7,254	6,922
UTAH MED PRODS INC COM	8,375	6,795
LEGACY HSG CORP COM	7,718	6,664
ANI PHARMACEUTICALS INC COM	7,685	6,634
FIRST BUSEY CORP COM	6,330	6,600
FIRST OF LONG ISLAND CORP COM STK	7,924	6,421
BCB BANCORP INC COM STK	7,494	6,394
BEAZER HOMES USA INC COM	7,821	6,316
FORRESTER RESH INC COM	7,710	6,268
AVIAT NETWORKS INC COM	9,589	5,976
NORTHEAST BK LEWISTON ME COM	2,209	5,962
AMERICAN VANGUARD CORP COM	7,946	5,741
NATIONAL RESH CORP COM NEW CL A	8,137	5,683
HOMESTREET INC INC	7,140	5,596

The above data is based solely upon information which has been certified
as complete and accurate by The Northern Trust Company.

Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
PARKE BANCORP INC COM	5,706	5,333
EMERALD HOLDING INC COM	4,523	5,206
RITHM PROPERTY TRUST INC	15,099	5,147
CLAROS MTG TR INC COM	9,134	4,836
PCB BANCORP	3,614	3,827
HALCON RES PLAN OF REORG	72,500	740
Total common stocks	7,123,579	7,285,910
Equity mutual funds:		
MFO ARTISAN MID CAP FD INSTL CL SH	6,552,078	6,240,336
Total equity mutual funds	6,552,078	6,240,336
Fixed income mutual funds:		
MFO PIMCO FDS PAC INVT MGMT SER FOR FUTURE I	10,190,154	10,031,986
Total fixed income mutual funds	10,190,154	10,031,986
Limited partnerships:		
LINDELL TRAIN GLOBAL EQUITY LLC	7,500,000	11,284,666
CF BRIDGEWATER ALL WEATHER PORTFOLIO LIMITED SERIES CLASS B	6,529,280	7,644,968
CF AQR GLOBAL RISK PREMIUM OFFSHORE LTD CL B SER INITIAL 1 E1 FUND	6,080,029	7,634,426
CF 400 CAPITAL CREDIT OPPORTUNITIES LTD A 086	4,489,065	7,300,051
KKR GLOBAL CREDIT OPPORTUNITIES FUND	4,500,000	7,183,810
CF ASPECT CORE TREND HV FUND - CLASS A USD	5,164,617	6,829,097
CF BAXTER STREET OFFSHORE FUND, LTD	4,873,949	6,702,601
ONE RIVER SYSTEMATIC TREND SP	3,800,000	5,527,894
RENAISSANCE INSTITUTIONAL EQUITIES FUND LLC	3,500,000	5,271,665
CF HG VORA SPECIAL OPPORTUNITIES FD, LTD CL A , SUB CL 1 -ILG-INITAIL	4,042,145	5,073,089
CAXTON GLOBAL INVEST (INST) LTD CLS T-I (UNRES) SH A (01-2012)	2,396,119	5,052,176
CF NUT TREE OFFSHORE FUND LTD, GENERAL SER 1 JAN 20	3,204,681	5,050,521
ASIA ALTERNATIVES CAPITAL PARTNERS TAX-EXEMPT INVESTORS IV LP	3,368,789	4,899,994
CF PHARO GAIA FUNDLTD. CL A-1 SER 17	4,000,000	4,868,169
THOMA BRAVO FUND XIII-A LP	3,526,443	4,863,459
CF CANYON VALUE REALIZATION (CAYMAN) LTDCL A SER INITIAL FD	3,088,769	4,806,866
WCM INTERNATIONAL SMALL CAP GROWTH FUND LP	3,500,000	4,786,948
AACP TAX-EXEMPT INVESTORS V (ERISA), L.P	3,207,854	4,151,798
VWH OFFSHORE FUND III LP	2,481,636	3,993,825
ORCHARD LANDMARK LP	1,407,015	3,439,573
CF SEG PARTNERS OFFSHORE LTD CL A1/SER 1FD	1,520,323	3,421,246
LAKESTAR III LP (EUR)	1,897,869	3,144,998
FIVE ELMS V B, LP	2,838,172	3,087,010
THOMA BRAVO FUND XV-A, L.P.	2,293,230	2,819,554
HORSLEY BRIDGE XI GROWTH BUYOUT, L.P.	1,406,124	2,524,389

The above data is based solely upon information which has been certified
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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
STEADFAST CAPITAL FUND IV	1,516,885	2,383,508
THOMA BRAVO FUND XII-A LP	1,704,150	2,307,750
PONTIFAX GLOBAL FOOD AND AGRICULTURE TECH FUND II LP	2,311,087	2,305,060
AACP TAX-EXEMPT INVESTORS VI (ERISA), LP	2,022,333	2,153,956
VWH OFFSHORE FUND, LP	1,078,930	2,133,770
CAXTON GLOBAL INVEST (INST) LTD CLS T-I (UNRES) SH B (07-2024)	2,000,000	2,122,774
SK Capital Partners V-B, LP	1,686,986	2,095,011
XIANG HE FUND II, LP	1,744,186	2,053,006
BLUE WOLF CAPITAL FUND IV LP	1,465,614	1,933,539
DOVER STREET IX CAYMAN FUND LP	92,891	1,823,008
INDUSTRY VENTURES SECONDARY VIII LP	1,593,644	1,819,271
CVI CREDIT VALUE FUND B IV LP	2,079,806	1,724,204
JACKSON SQUARE VENTURES II, L.P	1,192,640	1,609,637
RIVERSIDE MICRO-CAP FUND VI-A, L.P.	1,622,822	1,589,833
CF PHARO GAIA FUND LTD CLASAA A- 1- SERIES 12	1,000,000	1,067,340
CROSS OCEAN USD ESS FUND V CLOSED SCSP	1,000,000	1,000,000
CANVAS DISTRESSED CREDIT FUND, LP USD NON FOUNDER LIMITED PARTNERS -I	1,250,000	573,447
CANVAS DISTRESSED CREDIT FUND, L.P	1,250,000	497,748
ASIA ALTERNATIVES DELAWARE V (ERISA) LP	463,158	306,662
ASIA ALTERNATIVES DELAWARE IV, LP	304,914	290,280
PANAGORA RISK PARITY MULIT ASSET PLUS FUND LLC	1,000,000	264,136
CVI CREDIT VALUE FUND B III	236,699	220,426
ASIA ALTERNATIVES DELAWARE VI (ERISA), LP	140,709	144,964
SENTAKU INVESTORS, LLC	24,281	13,879
Total limited partnerships	119,397,844	163,796,002
Total investments	\$ 272,318,769	\$ 331,341,216

*Denotes Party-In-Interest to the Plan

The above data is based solely upon information which has been certified
as complete and accurate by The Northern Trust Company.

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name UNITY Account number UNITY
HEALTH SYSTEM PENSION

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-17,137,650.280	25 Sep 24		1.0000		0.00	17,137,650.28	17,137,650.28	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 303,432,988.94

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 303,432,988.94

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account number UNITY
Account Name UNITY HEALTH SYSTEM PENSION

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◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
CF BLACKROCK LONG DURATION CREDIT SCREEN ED NON-LENDABLE FUND CUSIP: 8YY999145	Total acquisitions	3	22,400,000.00			0.00	22,400,000.00	22,400,000.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	663	132,914,244.03			0.00	132,914,244.03	132,914,244.03
	Total dispositions	485		157,225,269.48		0.00	157,225,269.48	157,225,269.48

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 303,432,988.94

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 303,432,988.94

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: Unity Health System established the plan effective January 1, 1999 to transfer certain benefits from The Rochester St. Mary’s Hospital of Sisters Charity Pension Plan and The Park Ridge Pension Plan for Taxable Employers. Plan year: January 1 – December 31.
Status of the plan	The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.
Significant events that occurred during the year	None.
Definitions	
Covered employees	Employees receiving earnings from a participating institution, excluding any leased employees and employees covered by a collective bargaining agreement that does not allow for participation in the plan.
Participation	The January 1 or July 1 coincident with or next following completion of one year of service.
Vesting service	A participant earns a year of vesting service for each plan year during which he/she completes at least 1,000 hours of service. If a participant works less than 1,000 hours in his/her year of termination or retirement, he/she will receive a partial year of vesting service for that year, as long as he/she completed at least 1,000 hours of service in the immediately preceding plan year. If a participant works less than 1,000 hours in his/her year of hire, he/she will receive a partial year of vesting service for that year, as long as he/she completes at least 1,000 hours of service in the immediately succeeding plan year. The partial year of vesting service is calculated by dividing the number of months in which a participant has at least one hour of service by 12.
Benefit service	The sum of credited past service and credited future service. Credited past service, if any, is defined by the employer’s Joinder Agreement. Credited future service is equal to vesting service earned, with the exception that, for salary-related benefits, benefit service was frozen from April 1, 2009 through December 31, 2010.
Compensation	W-2 pay plus pay excluded under Code Sections 125, 401(k), 403(b), and 132(f)(4). Compensation excludes deferred compensation within the meaning of Code Section 457 for the plan year in which such compensation is earned, but includes such deferred compensation in compensation for the year in which paid to the employee. Compensation excludes severance payments, fringe benefits, sign-on bonuses, referral bonuses, service awards, “on the spot” awards, loan forgiveness, reimbursements or other expense allowances (including tuition reimbursements, moving expenses, and housing allowances), imputed income, and legal settlement payments. Compensation is subject to the Code Section 401(a)(17) pay limit.

Schedule SB, Part V — Summary of Plan Provisions

• Final average earnings	The average of the five highest consecutive years of compensation during the last 10 years of service.
• Covered compensation	The average of the annual Social Security taxable wage bases over the 35-year period ending on the last day of the calendar year in which an individual attains Social Security normal retirement age.
Normal retirement	
• Eligibility	Age 65.
• Benefit	
— Basic Pension benefit	Subject to the minimum basic pension benefit and the total credited service override, the sum of (A) and (B): (A) The benefit based on credited past service as specified in the employer's Joinder Agreement. (B) The sum of the following: i. 0.75% of final average earnings up to covered compensation multiplied by credited future service up to 35 years. ii. 1.25% of final average earnings in excess of covered compensation multiplied by credited future service up to 35 years. iii. 0.75% of final average earnings multiplied by credited future service in excess of 35 years.
— Minimum basic pension benefit	\$180 per year of credited service. For former Park Ridge participants, \$180 per year of credited service after January 1, 1999.
— Total credited service override	If specified, as applicable in the employer's Joinder Agreement, the total credited service override equals the benefit amount that would result if (A) equaled \$0 and (B) was based on total credited service.
• Account-based benefit	
— Age-65 annual annuity	10% of the projected age-65 account balance.
— Projected age-65 account balance	Employment termination account balance plus interest at 5% per annum to age 65.
— Employment termination account balance	Accumulation of employer matching contributions at the guaranteed interest rate through the last day of the month of termination of employment.
— Employer matching contributions	The maximum employer match under the Unity Health System TSA Savings Plan is 25% of the first 4% contributed by an employee. Matching contributions payable to the plan ceased effective January 1, 2009.
— Guaranteed interest rate	Through December 31, 1992: Based on 13-week US Treasury Bill rates. January 1, 1993 through January 1, 2002: Based on VALIC fixed annuity rates for new money for the preceding calendar year, with a minimum rate of 5% per year. After January 1, 2002: Based on 100% of the Federal mid-term rate determined under Code Section 1274(d), with a minimum rate of 5% per year.

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

- Eligibility Attainment of age 55 and five years of vesting service.
- Benefit Accrued benefit reduced 5/12% for each month the commencement date precedes the normal retirement date.

Termination benefits

- Eligibility Five years of vesting service (three years of vesting service if the employee is a participant in the 403(b) or 401(k) plan and hired before January 1, 2008).
- Benefit Benefit based on years of credited service and compensation to date of termination, payable commencing on the participant's normal retirement date in the full unreduced amount, or, at the election of the participant, on the first day of any month on or after the attainment of early retirement eligibility, but reduced for early retirement.

Termination benefits – TSA balance

- Eligibility Three years of vesting service.
- Benefit Accrued benefit based on the account balance deferred to age 65 as of the termination date.

Disability retirement

- Eligibility Eligibility for the basic pension benefit is permanent and total disability after attainment of age 55 and five years of vesting service. For the account-based benefit, eligibility is permanent and total disability and three years of vesting service.
- Benefit Accrued benefit at disablement, plus service and earnings credit for years after disablement until the earliest of age 65, cessation of disability, or election to commence an early retirement benefit.

Pre-retirement death benefits

- Eligibility A death benefit is payable to the beneficiary of a participant whose death occurs after becoming vested but prior to retirement. A preretirement death benefit for the account-based benefit is payable regardless of vesting.
- Benefit Married participants
A life annuity is payable immediately to the surviving spouse, with 60 payments guaranteed, equal to 50% of the participant's accrued benefit, reduced for election of a 50% joint and survivor annuity. Ages used to convert the accrued pension to the joint and survivor annuity are determined as of the participant's normal retirement date.

If death occurs while a terminated vested participant, the spouse's pension is reduced for early commencement (no earlier than the participant's earliest retirement date), the joint and survivor election reduction is determined using ages at commencement, and the 60-payment guarantee is not applicable.

For the account-based benefit, a single payment equal to the account balance is payable to the spouse.

Schedule SB, Part V — Summary of Plan Provisions

Unmarried participants

If an active participant dies with a child under the age of 21, a monthly benefit, equal to the monthly benefit that would have been payable to a spouse the same age as the participant, is payable for 60 months. If a participant dies without a child under the age of 21, a monthly benefit, equal to the monthly benefit that would have been payable to a spouse the same age as the participant, is payable for 60 payments to the designated beneficiary, natural and/or adopted children in equal shares, or the participant's estate.

For the account-based benefit, a single payment equal to the account balance is payable to the designated beneficiary, natural and/or adopted children in equal shares, or the participant's estate.

Form of benefits

- Normal form for unmarried participants Life annuity.
- Normal form for married participants Reduced 50% joint and survivor annuity.
- Optional forms A life annuity; 50%, 66 2/3%, 75%, or 100% joint and survivor annuities; 5-, 10-, or 15-year certain and life annuities; a Social Security adjustment option; and a lump sum option (available only for pre-1999 Park Ridge benefit and account-based benefit) are available for election by the participant.
- Actuarial equivalence Actuarial equivalence for all forms of payment is based on Code Section 417(e) mortality for the current year and Code Section 417(e) interest rates for November of the prior year.

Benefits included or excluded

Unless noted below, all benefits provided by the plan are included in valuations.

- **Plan amendments excluded:** Any amendments adopted after the valuation date or effective after the current plan year are excluded from valuations.
- **Late retirement increases:**
 - *Active participants:* The plan provides benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. Current active participants over age 70½ are valued including late retirement actuarial increases.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including late retirement actuarial increases.
- **Internal Revenue Code limitations:** The limitations of Code Sections 415(b) and 401(a)(17) are included in valuations.
- **Code Section 416 rules for top-heavy plans:** We do not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants.

Schedule SB, Part V — Summary of Plan Provisions

Plan provision changes since prior valuation

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

Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
Cash and cash equivalents:		
CASH	\$ 23,750,655	\$ 23,750,655
*COLTV SHORT TERM INVT FD	23,065,634	23,065,634
Total cash and cash equivalents	46,816,289	46,816,289
Common collective trusts:		
CF BLACKROCK LONG DURATION CREDIT SCREENED NON-LENDABLE FUND	46,418,366	43,516,888
AXIOM EMERGING MARKETS EQUITY FUND	10,500,000	13,705,647
CF ARROWSTREET GLOBAL EQUITY ACWI CIT CLASS A	7,867,822	11,829,290
JENNISON GLOBAL OPPORTUNITY FUND	1,000,000	10,492,251
CF LAZARD GL EQ FRANCHISE CIT CL 4	9,316,771	9,607,174
CF JOHNSTON INTERNATIONAL EQUITY GROUP TRUST FUND	7,135,866	8,019,443
Total common collective trusts	82,238,825	97,170,693
Common stocks:		
PATTERSON COS INC COM	35,409	44,130
NEXTDECADE CORP COM	31,664	42,791
GROUP 1 AUTOMOTIVE INC COM	16,122	41,727
ALASKA AIR GROUP INC COM	21,543	38,203
PLEXUS CORP COM	21,707	38,025
TXNM ENERGY INC COM NPV	33,552	37,074
MARRIOTT VACATIONS WORLDWIDE CORP COM	33,285	36,236
ATMUS FILTRATION TECHNOLOGIES INC COM	22,254	36,046
ENVISTA HLDGS CORP COM	31,278	35,687
FIRST HAWAIIAN INC COM	31,858	35,629
HANOVER INS GROUP INC COM	28,583	35,572
ECOVYST INC COM USD0.01	47,310	35,220
RESIDEO TECHNOLOGIES INC COM	29,944	35,036
FEDERATED HERMES INC COM NPV CLASS B	25,558	34,944
VITAL ENERGY INC COM	49,326	34,940
BELDEN INC COM	17,495	34,925
BREAD FINANCIAL HOLDINGS INC COM	20,259	34,804
VERITEX HLDGS INC COM	26,454	34,765
VAL NATL BANCORP COM	33,552	34,754
CRESCENT ENERGY CO COM CL A	30,184	34,728
SONIC AUTOMOTIVE INC CL A	24,317	34,525
PROPETRO HLDG CORP COM	29,101	34,428
OCEANFIRST FINL CORP COM	34,198	34,390
EMPLOYERS HLDGS INC COM	25,527	34,119
RUSH ENTERPRISES INC CL A	20,418	33,860
HILLENBRAND INC COM STK	38,067	33,858
UNITED PARKS & RESORTS INC	30,630	33,714

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
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EIN 22-2572873, Plan #001

Description	Cost	Current Value
KODIAK GAS SVCS INC COM	23,609	33,481
HORACE MANN EDUCATORS CORP COM	31,440	33,149
WHITE MOUNTAINS INSURANCE GROUP	24,544	33,066
KORN FERRY COM	21,674	33,028
GREENBRIER COS INC COM STK	18,310	32,935
EVERI HLDGS INC COM	25,952	32,829
MGIC INVT CORP WIS COM	20,298	32,720
TRAVEL + LEISURE CO COM	25,717	32,288
ENTERPRISE FINL SVCS CORP COM STK	26,242	32,148
NMI HOLDINGS INC COMMON STOCK	18,504	31,981
SPIRE INC COM	29,548	31,769
EAGLE BANCORP INC MD COM	35,227	31,757
VIRTU FINL INC CL A CL A	19,634	31,755
METHODE ELECTRS INC COM	45,593	31,715
HOPE BANCORP INC COM	31,164	31,499
CRANE NXT CO COM	31,258	31,439
ASSOCTD BANC-CORP COM	25,123	31,309
KEMPER CORP DEL COM	23,424	31,227
CATHAY GENERAL BANCORP INC COM	26,208	31,185
EMPIRE ST RLTY TR INC CL A CL A	21,117	31,166
PFD BK L A CAL COM	23,596	31,097
HEIDRICK & STRUGGLES INTL INC COM	20,748	31,017
PROTO LABS INC COM	24,065	30,881
VIRTUS INVT PARTNERS INC COM	31,204	30,881
EURONET WORLDWIDE INC COM	29,440	30,852
PROVIDENT FINL SVCS INC COM	26,839	30,796
PEBBLEBROOK HOTEL TR COM STK	42,503	30,781
CNO FINL GROUP INC COM	16,284	30,661
CALIFORNIA RES CORP COM	22,164	30,615
BANKUNITED INC	22,917	30,536
BLACK HILLS CORP COM	36,623	30,430
SANDY SPRING BANCORP INC CMT-COM CMT-COM	25,524	30,339
BARNES GROUP INC MERGER	23,752	30,246
ALLETE INC COM NEW	29,367	30,067
MGE ENERGY INC COM	27,866	30,067
NORTHWEST NAT HLDG CO COM	33,897	30,066
CUSHMAN & WAKEFIELD INC	22,487	29,953
WORLD KINECT CORPORATION COM	27,444	29,950
NORTHWESTERN ENERGY GROUP INC	30,947	29,938
THERMON GROUP HLDGS INC	23,953	29,892
PHINIA INC COM WI	17,395	29,865
NORTHERN OIL & GAS INC COM NEW	19,081	29,688
PHOTRONICS INC COM	24,354	29,686
PARK HOTELS & RESORTS INC COM	28,996	29,587
PORTLAND GENERAL ELECTRIC CO COM NEW COMNEW	28,541	29,560
KFORCE INC	30,550	29,484

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
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EIN 22-2572873, Plan #001

Description	Cost	Current Value
DIODES INC COM	32,648	29,293
VISTEON CORP COM NEW COM NEW	36,409	29,278
TALOS ENERGY INC COM STK	36,777	29,227
INMODE LTD COM	36,937	29,225
AVISTA CORP COM	32,504	29,194
COLUMBIA BKG SYS INC COM	32,312	29,171
SOUTHWEST GAS HLDGS INC COM	25,998	28,991
HERBALIFE LTD	53,100	28,968
UNIVEST FINANCIAL CORP	21,328	28,920
SIMMONS 1ST NATL CORP CL A R CL A	26,281	28,883
PAR PACIFIC HOLDINGS INC COM NEW COM NEW	34,087	28,519
KNIFE RIV HLDG CO COM	22,822	28,459
EDGEWELL PERS CARE CO COM	32,607	28,350
DIME CMNTY BANCSHARES INC NEW COM	19,669	28,276
AVNET INC COM	17,160	28,253
ITRON INC COM STK NPV	14,585	28,231
OTTER TAIL CORP	19,477	28,059
SLM CORP COM	15,560	27,856
VISHAY INTERTECHNOLOGY INC COM STK	31,319	27,782
ESSENT GROUP LTD COM STK	21,296	27,764
G-III APPAREL GROUP LTD COM	15,792	27,727
WABASH NATL CORP COM	29,332	27,699
WAFD INC COM STK USD1	24,988	27,630
AXIS CAPITAL HOLDINGS LTD COM	15,225	27,609
REX AMERICAN RESOURCES CORP	28,708	27,599
OXFORD INDS INC COM	33,642	27,573
ARROW ELECTR INC COM	29,843	27,149
PREMIER FINL CORP	24,137	27,104
MSC INDL DIRECT INC CL A COM	32,005	26,888
WESTERN UNION CO	32,783	26,818
ASGN INCORPORATED COMN STK	30,530	26,669
HILLTOP HLDGS INC COM STK	27,758	26,626
INGEVITY CORP COM	33,812	26,488
ADVANCE AUTO PTS INC COM	32,125	26,482
CENTRAL PAC FINL CORP COM NEW	18,629	26,436
TEGNA INC COM	21,883	26,389
GATES INDL CORP PL COM	15,430	26,330
RADIAN GROUP INC COM	14,699	26,328
ENACT HLDGS INC COM	20,750	26,228
ADEIA INC COM	21,551	26,003
INTERNATIONAL GAME TECHNOLOGY COMMON STOCK	33,646	25,784
HELEN TROY LTD COM STK	25,924	25,727
TIMKEN CO COM	30,771	25,693
BAYTEX ENERGY CORP COM	32,832	25,681
HANMI FINL CORP COM NEW COM NEW	18,904	25,486
ASSURED GUARANTY LTD COMMON STK	15,094	25,203

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
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Description	Cost	Current Value
NORTHFIELD BANCORP INC DEL COM	24,237	25,076
BRINKS CO COM	20,860	25,048
SILGAN HLDGS INC COM	21,954	24,984
KOSMOS ENERGY LTD COM	34,796	24,980
PBF ENERGY INC CL A CL A	36,187	24,957
BROOKLINE BANCORP INC DEL COM BROOKLINE BANCORP INC	22,335	24,839
CAL MAINE FOODS INC COM NEW STK	14,278	24,701
MAXIMUS INC COM	27,581	24,635
REV GROUP INC COM	15,987	24,586
NU SKIN ENTERPRISES INC CL A CL A	45,398	24,391
NAVIENT CORP COM	29,560	24,374
ASBURY AUTOMOTIVE GROUP INC COM	17,627	24,303
HARLEY DAVIDSON COM	30,800	24,104
ALBANY INTL CORP NEW CL A	26,404	24,072
ARMSTRONG WORLD INDS INC NEW COM STK	13,181	24,026
SCANSOURCE INC COM	16,003	23,820
TRI POINTE HOMES INC	20,161	23,787
WK KELLOGG CO COM	21,211	23,747
MONARCH CASINO & RESORT INC COM	21,714	23,670
MANPOWERGROUP INC	31,883	23,665
SCHNEIDER NATL INC WIS CL B CL B	21,370	23,500
HILTON GRAND VACATIONS INC COM	24,800	23,370
BANC CALIF INC COM	19,680	23,153
TRUEBLUE INC COM STK	43,275	23,100
HUNTSMAN CORP COM STK	30,769	23,078
INDEPENDENT BK CORPORATION	14,948	22,988
BLOOMIN BRANDS INC COM	36,742	22,955
HAVERTY FURNITURE COS INC COM STK	31,078	22,928
AMBAC FINL GROUP INC COM	25,977	22,897
INTERFACE INC COM	9,853	22,889
ADIENT PLC ADIENT PLC LTD COM	37,515	22,761
BERKSHIRE HILLS BANCORP INC COM	19,916	22,744
FIRST INTERSTATE BANCSYS/MT	21,197	22,729
INDEPENDENT BK CORP MASS COM COM STK	22,327	22,666
PLAYA HOTELS & RESORTS N V COMN STOCK	14,589	22,644
SIGNET JEWELERS LTD ORD	17,799	22,599
IPG PHOTONICS CORP COM	28,831	22,543
FLUSHING FINL CORP COM	25,482	22,434
LIBERTY ENERGY INC COM CL A	14,265	22,277
TRUBRIDGE INC COMMON STOCK	17,882	22,086
EXPRO GROUP HOLDINGS N.V	30,031	21,947
CAPITOL FED FINL INC COM	24,241	21,867
NATIONAL ENERGY SERVICES REU	26,295	21,862
M / I HOMES INC	8,271	21,671
STEWART INFORMATION SVCS CORP COM	15,230	21,597
CACTUS INC CL A CL A	15,724	21,593

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
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Description	Cost	Current Value
SHUTTERSTOCK INC COM	28,835	21,549
NB BANCORP INC COM	22,594	21,491
POLARIS INC	31,051	21,319
LINDSAY CORPORATION COM	23,388	21,296
RESOURCES CONNECTION INC COM	33,394	21,078
DENNYS CORP COM	30,333	21,054
TOMPKINS FINL CORP COM	16,993	21,027
ABM INDS INC COM	17,895	20,984
JANUS INTL GROUP INC COM	38,711	20,948
CROSSFIRST BANKSHARES INC COM	18,233	20,907
MADDEN STEVEN LTD COM	17,039	20,835
MILLERKNOLL INC COM STK	26,478	20,728
PAC PREMIER BANCORP COM	24,030	20,709
WASHINGTON TR BANCORP INC COM	23,290	20,691
CARTER INC FORMERLY CARTER HLDGS INC	26,042	20,592
UNIFIRST CORP MASS COM	22,516	20,573
PVTPL FIRST FNDTN INC COM	23,034	20,431
TITAN MACHY INC COM	34,741	20,347
AMPHASTAR PHARMACEUTICALS INC DEL COM	23,512	20,050
NATIONAL PRESTO INDS INC COM	17,223	19,881
INNOVEX INTERNATIONAL INC COM NPV	31,276	19,837
KB HOME COM	11,449	19,716
STAGWELL INC	15,740	19,608
RPC INC COM	23,041	19,602
MYERS INDS INC COM	30,538	19,556
INSPERITY INC COM	25,636	19,378
HERITAGE FINL CORP WASH COM	15,024	19,355
PERELLA WEINBERG PARTNERS COM CL A	8,841	19,310
COMMUNITY TR BANCORP INC COM	14,141	19,260
HAIN CELESTIAL GROUP INC COM	27,223	19,250
CONNECTONE BANCORP INC NEW COM	19,500	19,244
MERCHANTS BANCORP IND COM	15,435	19,011
ALEXANDERS INC COM REIT FUND	22,950	19,006
PEAPACK-GLADSTONE FINL CORP COM	16,874	18,910
CAMDEN NATL CORP COM	16,794	18,891
TRIMAS CORP COM NEW COM NEW	22,702	18,688
ANDERSONS INC COM	17,923	18,639
SUNCOKE ENERGY INC COM	17,474	18,511
ENERGIZER HLDGS INC NEW COM	17,539	18,492
LAUREATE ED INC COM CL A	15,777	18,473
OSI SYS INC COM	14,424	18,417
AMERN WOODMARK CORP COM	23,342	18,292
SIRIUSPOINT LTD COM	9,451	18,177
CVR ENERGY INC COM STK	25,853	17,990
FIRST INTERNET BANCORP COM STK	10,792	17,953
MERCURY GEN CORP NEW COM	10,266	17,950

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
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Description	Cost	Current Value
EL POLLO LOCO HLDGS INC COM	18,036	17,656
KEARNY FINL CORP MD COM	20,761	17,488
SELECT WATER SOLUTIONS INC	11,130	17,344
ADTALEM GLOBAL ED INC COM	8,440	17,262
DIAMONDROCK HOSPITALITY CO COM STK	15,581	17,224
FOX FACTORY HLDG CORP COM	26,837	16,951
EXCELERATE ENERGY INC CL A COM CL A COM	10,856	16,940
VAALCO ENERGY INC COM NEW COM NEW	19,310	16,825
CENTRAL GARDEN & PET CO COM	14,802	16,684
NORDSTROM INC COM	15,611	16,664
AERSALE CORP COM	29,807	16,569
ADVANSIX INC COM	19,276	16,524
MIDLAND STS BANCORP INC ILL COM	14,904	16,348
MILLER INDS INC TENN COM NEW	9,573	16,340
LIVE OAK BANCSHARES INC COM	14,106	16,216
INSTEEL INDS INC COM	16,666	16,206
HURON CONSULTING GROUP INC COM STK	14,155	16,154
HERITAGE COMM CORP COM STK	15,718	16,134
MIDWESTONE FINL GROUP INC NEW COM STK	14,327	16,103
TUTOR PERINI CORP COM	6,718	16,020
NCR ATLEOS CORPORATION COM USD0.01 WI	9,999	15,942
DELEK US HLDGS INC NEW COM	19,071	15,910
GREEN BRICK PARTNERS INC COM	10,384	15,874
SYLVAMO CORP COM	9,561	15,804
REVELYST INC	15,580	15,769
APOGEE ENTERPRISES INC COM	14,929	15,710
MCGRATH RENTCORP COM	15,647	15,655
PROFRAC HLDG CORP CL A CL A	14,279	15,598
PROASSURANCE CORP COM	16,069	15,592
KIMBALL ELECTRONICS INC COM	16,533	15,546
LINCOLN NATL CORP COM	13,626	15,538
HORIZON BANCORP INC/IN COM	13,146	15,305
SANMINA CORP COM	9,006	15,285
HEALTHCARE SVCS GROUP INC COM	18,991	15,216
GOODYEAR TIRE & RUBBER CO COM	21,077	15,210
SERITAGE GROWTH PPTYS CL A	44,210	15,178
APOLLO COML REAL ESTATE FIN INC COM	19,009	14,880
BRIGHTSPIRE CAP INC CL A	17,206	14,790
PAPA JOHNS INTL INC COM	16,027	14,785
TRUSTCO BK CORP N Y COM NEW	14,195	14,781
AZZ INC COM	7,848	14,746
CABOT CORP COM	8,161	14,610
ENNIS INC COM	14,745	14,552
F&G ANNUITIES & LIFE INC COM	15,344	14,504
JOHNSON OUTDOORS INC CL A CL A	36,834	14,190
KENNAMETAL INC CAP	15,078	14,172

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
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Description	Cost	Current Value
ZOOMINFO TECHNOLOGIES INC COM	15,286	14,083
DIAMOND HILL INVT OH	14,062	13,959
PAYONEER GLOBAL INC COM	7,777	13,956
MARINEMAX INC COM	17,870	13,896
MARTEN TRANS LTD COM	17,983	13,893
ZYNEX INC COM STK	18,929	13,777
ONEWATER MARINE INC CL A CL A	25,005	13,730
ACCEL ENTMT INC COM CL A-1 COM CL A-1	14,123	13,670
PETMED EXPRESS INC COM STK	25,102	13,448
MEDIFAST INC COM	56,948	13,391
INTERNATIONAL MONEY EXPRESS INC COM	11,692	13,331
INNOSPEC INC COM STK	12,894	13,207
UNITIL CORP COM	14,471	13,006
CONCENTRIX CORP	20,376	12,981
STEELCASE INC CL A COM	14,660	12,754
NORTHEAST CMNTY BANCORP INC MD COM	5,783	12,719
ARES COML REAL ESTATE CORP COM	18,795	12,587
DAVE & BUSTERS ENTMT INC COM	19,606	12,552
LGI HOMES INC COM	16,077	12,516
SELECT MED HLDGS CORP COM	9,590	12,441
DOUGLAS DYNAMICS INC COM	14,302	12,288
RMR GROUP INC CL A CL A	15,113	12,178
SIERRA BANCORP COM STK	7,406	11,568
DXP ENTERPRISES INC COM NEW STK	7,490	11,567
LEGGETT & PLATT INC COM	26,122	11,387
INTERNATIONAL SEAWAYS INC COMMON STOCK	16,946	11,141
EPLUS INC COM	6,674	11,082
OIL STS INTL INC COM	11,462	11,031
GLOBAL INDL CO COM	13,269	11,007
FINANCIAL INSTNS INC COM	9,836	10,981
CENTURY CMNTYS INC COM	8,429	10,857
RBB BANCORP COM NPV	8,716	10,552
AIR TRANS SVCS GROUP INC COM STK	7,757	10,550
UNITED FIRE GROUP INC COM USD0.001	7,681	10,527
CONCENTRA GROUP HLDGS PARENT INC COM	8,071	10,523
CONSTELLIUM SE (FRANCE) EUR0.02 CLASS A	17,083	10,475
INDEPENDENT MERGER SOUTHSTATE	7,161	10,314
CNB FINL CORP PA COM	8,309	10,193
FOSTER L B CO CL A	7,140	9,953
GRANITE PT MTG TR INC COM	19,884	9,514
CIVISTA BANCSHARES INC COM	7,949	9,468
PRIMIS FINL CORP COM	10,504	9,328
SHORE BANCSHARES INC COM	6,587	9,288
INVESTAR HLDG CORP COM	6,657	9,267
SOUTHERN FIRST BANCSHARES COM	9,157	9,262
FB FINL CORP COM	6,113	9,066

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
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Description	Cost	Current Value
HACKETT GROUP INC COM STK	7,879	8,941
SUN CTRY AIRLS HLDGS INC COM	7,997	8,894
HOME BANCORP INC COM STK	7,337	8,780
SOUTHERN MO BANCORP INC COM	8,346	8,606
TEXAS CAP BANCSHARES INC DEL COM	5,800	8,602
CASS INFORMATION SYS INC COM	8,786	8,591
1ST SOURCE CORP COM	6,365	8,582
BRIDGEWATER BANCSHARES INC COM	7,237	8,511
BAYCOM CORP COM	6,068	8,367
JAKKS PAC INC COM NEW COM NEW	5,188	8,135
BANK MARIN BANCORP COM STK	7,362	8,082
NORTHRIM BANCORP INC COM	4,204	8,028
MERCER INTL INC COM SH BEN INT	12,454	7,930
CARTER BANKSHARES INC COM	7,232	7,916
FIRST BUSINESS FINL SVCS INC WIS COM STK	4,204	7,916
INTERPARFUMS INC	8,342	7,891
TOWNEBANK PORTSMOUTH VA COM	5,386	7,891
FIRST MID BANCSHARES INC	7,765	7,732
CONCRETE PUMPING HLDGS INC COM	7,804	7,726
SOUTH PLAINS FINL INC COM	7,133	7,645
HINGHAM INSTN SVGS MASS COM	7,411	7,624
FIRST FINL CORP IND COM	6,277	7,621
PC CONNECTION INC COM	7,518	7,620
JELD-WEN HLDG INC COM	16,688	7,617
MERCANTILE BK CORP COM	4,701	7,563
PREFORMED LINE PRODS CO COM	3,362	7,540
MGP INGREDIENTS INC NEW COM	15,266	7,480
ARROW FINL CORP COM	7,311	7,465
FS BANCORP INC COM	4,758	7,391
FIRST MERCHANTS CORP COM	6,727	7,380
NATIONAL CINEMEDIA INC COM	6,692	7,304
GREAT SOUTHN BANCORP INC COM	6,087	7,212
MID PENN BANCORP INC COM	7,254	6,922
UTAH MED PRODS INC COM	8,375	6,795
LEGACY HSG CORP COM	7,718	6,664
ANI PHARMACEUTICALS INC COM	7,685	6,634
FIRST BUSEY CORP COM	6,330	6,600
FIRST OF LONG ISLAND CORP COM STK	7,924	6,421
BCB BANCORP INC COM STK	7,494	6,394
BEAZER HOMES USA INC COM	7,821	6,316
FORRESTER RESH INC COM	7,710	6,268
AVIAT NETWORKS INC COM	9,589	5,976
NORTHEAST BK LEWISTON ME COM	2,209	5,962
AMERICAN VANGUARD CORP COM	7,946	5,741
NATIONAL RESH CORP COM NEW CL A	8,137	5,683
HOMESTREET INC INC	7,140	5,596

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Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
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Description	Cost	Current Value
PARKE BANCORP INC COM	5,706	5,333
EMERALD HOLDING INC COM	4,523	5,206
RITHM PROPERTY TRUST INC	15,099	5,147
CLAROS MTG TR INC COM	9,134	4,836
PCB BANCORP	3,614	3,827
HALCON RES PLAN OF REORG	72,500	740
Total common stocks	7,123,579	7,285,910
Equity mutual funds:		
MFO ARTISAN MID CAP FD INSTL CL SH	6,552,078	6,240,336
Total equity mutual funds	6,552,078	6,240,336
Fixed income mutual funds:		
MFO PIMCO FDS PAC INVT MGMT SER FOR FUTURE I	10,190,154	10,031,986
Total fixed income mutual funds	10,190,154	10,031,986
Limited partnerships:		
LINDELL TRAIN GLOBAL EQUITY LLC	7,500,000	11,284,666
CF BRIDGEWATER ALL WEATHER PORTFOLIO LIMITED SERIES CLASS B	6,529,280	7,644,968
CF AQR GLOBAL RISK PREMIUM OFFSHORE LTD CL B SER INITIAL 1 E1 FUND	6,080,029	7,634,426
CF 400 CAPITAL CREDIT OPPORTUNITIES LTD A 086	4,489,065	7,300,051
KKR GLOBAL CREDIT OPPORTUNITIES FUND	4,500,000	7,183,810
CF ASPECT CORE TREND HV FUND - CLASS A USD	5,164,617	6,829,097
CF BAXTER STREET OFFSHORE FUND, LTD	4,873,949	6,702,601
ONE RIVER SYSTEMATIC TREND SP	3,800,000	5,527,894
RENAISSANCE INSTITUTIONAL EQUITIES FUND LLC	3,500,000	5,271,665
CF HG VORA SPECIAL OPPORTUNITIES FD, LTD CL A , SUB CL 1 -ILG-INITAIL	4,042,145	5,073,089
CAXTON GLOBAL INVEST (INST) LTD CLS T-I (UNRES) SH A (01-2012)	2,396,119	5,052,176
CF NUT TREE OFFSHORE FUND LTD, GENERAL SER 1 JAN 20	3,204,681	5,050,521
ASIA ALTERNATIVES CAPITAL PARTNERS TAX-EXEMPT INVESTORS IV LP	3,368,789	4,899,994
CF PHARO GAIA FUNDLTD. CL A-1 SER 17	4,000,000	4,868,169
THOMA BRAVO FUND XIII-A LP	3,526,443	4,863,459
CF CANYON VALUE REALIZATION (CAYMAN) LTDCL A SER INITIAL FD	3,088,769	4,806,866
WCM INTERNATIONAL SMALL CAP GROWTH FUND LP	3,500,000	4,786,948
AACP TAX-EXEMPT INVESTORS V (ERISA), L.P	3,207,854	4,151,798
VWH OFFSHORE FUND III LP	2,481,636	3,993,825
ORCHARD LANDMARK LP	1,407,015	3,439,573
CF SEG PARTNERS OFFSHORE LTD CL A1/SER 1FD	1,520,323	3,421,246
LAKESTAR III LP (EUR)	1,897,869	3,144,998
FIVE ELMS V B, LP	2,838,172	3,087,010
THOMA BRAVO FUND XV-A, L.P.	2,293,230	2,819,554
HORSLEY BRIDGE XI GROWTH BUYOUT, L.P.	1,406,124	2,524,389

The above data is based solely upon information which has been certified
as complete and accurate by The Northern Trust Company.

Unity Health System Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) - Continued
December 31, 2024
EIN 22-2572873, Plan #001

Description	Cost	Current Value
STEADFAST CAPITAL FUND IV	1,516,885	2,383,508
THOMA BRAVO FUND XII-A LP	1,704,150	2,307,750
PONTIFAX GLOBAL FOOD AND AGRICULTURE TECH FUND II LP	2,311,087	2,305,060
AACP TAX-EXEMPT INVESTORS VI (ERISA), LP	2,022,333	2,153,956
VWH OFFSHORE FUND, LP	1,078,930	2,133,770
CAXTON GLOBAL INVEST (INST) LTD CLS T-I (UNRES) SH B (07-2024)	2,000,000	2,122,774
SK Capital Partners V-B, LP	1,686,986	2,095,011
XIANG HE FUND II, LP	1,744,186	2,053,006
BLUE WOLF CAPITAL FUND IV LP	1,465,614	1,933,539
DOVER STREET IX CAYMAN FUND LP	92,891	1,823,008
INDUSTRY VENTURES SECONDARY VIII LP	1,593,644	1,819,271
CVI CREDIT VALUE FUND B IV LP	2,079,806	1,724,204
JACKSON SQUARE VENTURES II, L.P	1,192,640	1,609,637
RIVERSIDE MICRO-CAP FUND VI-A, L.P.	1,622,822	1,589,833
CF PHARO GAIA FUND LTD CLASAA A- 1- SERIES 12	1,000,000	1,067,340
CROSS OCEAN USD ESS FUND V CLOSED SCSP	1,000,000	1,000,000
CANVAS DISTRESSED CREDIT FUND, LP USD NON FOUNDER LIMITED PARTNERS -I	1,250,000	573,447
CANVAS DISTRESSED CREDIT FUND, L.P	1,250,000	497,748
ASIA ALTERNATIVES DELAWARE V (ERISA) LP	463,158	306,662
ASIA ALTERNATIVES DELAWARE IV, LP	304,914	290,280
PANAGORA RISK PARITY MULIT ASSET PLUS FUND LLC	1,000,000	264,136
CVI CREDIT VALUE FUND B III	236,699	220,426
ASIA ALTERNATIVES DELAWARE VI (ERISA), LP	140,709	144,964
SENTAKU INVESTORS, LLC	24,281	13,879
Total limited partnerships	119,397,844	163,796,002
Total investments	\$ 272,318,769	\$ 331,341,216

*Denotes Party-In-Interest to the Plan

The above data is based solely upon information which has been certified
as complete and accurate by The Northern Trust Company.

Schedule SB, line 26 — Schedule of Active Participant Data

Age	Years of credited service									
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40+
< 25	5	202	6							
		39,443								
25 - 29	6	340	60	3						
		56,276	74,390							
30 - 34	7	275	120	36						
		63,879	66,567	67,463						
35 - 39	5	234	120	87	11					
		84,385	95,670	83,538						
40 - 44	4	177	88	60	57	9				
		76,261	99,479	83,721	78,273					
45 - 49	4	123	74	66	49	31	4			
		82,070	88,059	119,995	108,989	80,430				
50 - 54	2	106	57	82	59	49	24	8		
		66,998	86,900	98,911	102,768	96,552	81,516			
55 - 59	2	93	67	64	33	49	29	21	4	
		70,274	89,485	66,964	86,389	100,799	89,657	76,973		
60 - 64		82	48	59	42	32	32	27	5	2
		63,200	82,933	76,449	70,058	64,501	84,521	102,495		
65 - 69	1	29	24	25	13	14	4	5	3	2
		66,097	84,519	59,368						
70+		11	10	8	9	1	3	2		

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average pay for 2023 limited to \$330,000. Average pay is not shown for cells with fewer than 20 participants. The results exclude any active participants who have transferred out of the plan.

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

Actuarial assumptions

Discount rate sponsor elections		
• Segment rates or full yield curve	Segment rates	
• Look-back months	4	
• First 5 years	4.75%	
• Next 15 years	4.87%	
• Over 20 years	5.59%	
Mortality sponsor elections	Code Section 430(h)(3) prescribes generational annuitant and nonannuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with mortality improvement using the IRS-modified Scale MP-2021.	
Lump sum basis	Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding discount rates, rather than Code Section 417(e) rates, and current year Code Section 417(e) unisex mortality rates.	
Economic assumptions		
• Salary increases	2.50% per year.	
• Expected investment return	7.50% per year.	
• Interest crediting rate for account-based benefits	5.00% per year.	
• Expected administrative expenses	\$7,100,000.	
Demographic assumptions		
• Withdrawal incidence	Sample rates are shown below:	
	Years of service	
	Age	0 - 4 4+
	25	23% 23%
	30	23% 18%
	35	23% 13%
	40	23% 11%
	45	23% 10%
	50	23% 9%

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

• Disability incidence	Sample rates are shown below:	
	Age	Rate
	25	0.13%
	30	0.16%
	35	0.21%
	40	0.30%
	45	0.53%
	50	0.99%
	55	1.78%
	60	2.51%
• Retirement incidence	Age	Rate
	55 - 59	5%
	60	10%
	61	13%
	62	20%
	63	15%
	64	25%
	65 - 66	33%
	67 - 69	25%
	70 and above	100%
• Benefit commencement age for		
— Future vested deferred	Age 65.	
— Current vested deferred	Age 65.	
• Spouse assumptions	Male participants	Female participants
— Percentage married	80%	60%
— Spouse age difference	3 years younger	3 years older
• Form of payment	Basic pension benefit: For those eligible for a lump sum distribution, 85% are assumed to elect a lump sum. All other benefits are assumed to be paid as life annuities.	
	Account-based benefit: For those with a balance under the Unity Health System TSA Savings Plan, 100% are assumed to elect a lump sum.	

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

Asset method

The asset valuation method is an average of the adjusted market value determined from three dates: the current and two preceding valuation dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by Code Section 430.

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

Participant methods

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

- **Participants included:** Employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts:** The plan does not have any insurance contracts.

Funding method

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

The plan's valuation date is the beginning of the plan year.

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

The plan provides a disability benefit that is only partially based on a participant's accrued benefit or years of service. This benefit is allocated to the funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to his/her service at each decrement age. This benefit is allocated to the target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.

The plan's target normal cost is the sum of the individual target normal costs, and the plan's funding target is the sum of the individual funding targets.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases			
Year established	Outstanding balance	Years remaining	2024 installment
2023	\$ 53,780,340	14	\$ 5,132,951
2024	(9,951,419)	15	(905,385)
Total	\$ 43,828,921		\$ 4,227,566

Schedule SB, line 24 — Change in Actuarial Assumptions

The expense component of the normal cost changed from \$7,400,000 to \$7,100,000.

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

Each employee is assumed to retire in accordance with the below table of retirement rates. The average retirement age is 62.

(A) Retirement age	(B) Retirement rate	(C) Number of employees	(D) Number of employees expected to retire (B) x (C)	(E) Accumulation of retirement ages (A) x (D)
55	5%	10,000	500	27,500
56	5%	9,500	475	26,600
57	5%	9,025	451	25,707
58	5%	8,574	429	24,882
59	5%	8,145	407	24,013
60	10%	7,738	774	46,440
61	13%	6,964	905	55,205
62	20%	6,059	1,212	75,144
63	15%	4,847	727	45,801
64	25%	4,120	1,030	65,920
65	33%	3,090	1,020	66,300
66	33%	2,070	683	45,078
67	25%	1,387	347	23,249
68	25%	1,040	260	17,680
69	25%	780	195	13,455
70	100%	585	585	40,950
Total			10,000	623,924
Average				62.39

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account Name UNITY Account number UNITY HEALTH SYSTEM PENSION

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◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-17,137,650.280	25 Sep 24		1.0000		0.00	17,137,650.28	17,137,650.28	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 303,432,988.94

◆ 5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 303,432,988.94

5500 Supplemental Schedules

1 JAN 24 - 31 DEC 24

Account number UNITY
Account Name UNITY HEALTH SYSTEM PENSION

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◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
CF BLACKROCK LONG DURATION CREDIT SCREEN ED NON-LENDABLE FUND CUSIP: 8YY999145	Total acquisitions	3	22,400,000.00			0.00	22,400,000.00	22,400,000.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	663	132,914,244.03			0.00	132,914,244.03	132,914,244.03
	Total dispositions	485		157,225,269.48		0.00	157,225,269.48	157,225,269.48

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 303,432,988.94

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 303,432,988.94

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 UNITY HEALTH SYSTEM RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 22-2572873
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	321,079,159	
b	Actuarial value	2b	351,736,965	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	2,512	157,489,628	157,489,628
b	For terminated vested participants	3,674	96,598,898	96,598,898
c	For active participants	4,112	122,147,209	133,475,028
d	Total	10,298	376,235,735	387,563,554
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
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	5.23%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	12,729,505	
b	Expected plan-related expenses	6b	7,100,000	
c	Target normal cost	6c	19,829,505	

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	Todd Weber TEW Signature of actuary TODD WEBER, E.A., M.A.A.A Type or print name of actuary MERCER Firm name 70 LINDEN OAKS, SUITE 310 ROCHESTER NY 14625 Address of the firm	09/11/2025 Date 2306399 Most recent enrollment number 585-389-8700 Telephone number (including area code)
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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	20,931,982
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	13,731,107
9 Amount remaining (line 7 minus line 8)	0	7,200,875
10 Interest on line 9 using prior year's actual return of <u>11.13</u> %	0	801,457
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>5.36</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	8,002,332

Part III Funding Percentages

14 Funding target attainment percentage	14	88.69 %
15 Adjusted funding target attainment percentage	15	88.69 %
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	84.63 %
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
04/11/2024	5,415,000	0			
07/12/2024	5,415,000	0			
01/15/2025	2,900,000	0			
04/15/2025	425,000	0			
07/15/2025	425,000	0			
09/09/2025	7,800,000	0			
Totals ►			18(b)	22,380,000	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	21,309,281

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 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	4
22	Weighted average retirement age	22	62
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Demographic and benefit information		
a	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b	Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...		☒ Yes ☐ No
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
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	19,829,505
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	43,828,921	4,227,566
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 style="text-align: right;">24,057,071
35	Balances elected for use to offset funding requirement	Carryover balance	Prefunding balance
	0	8,002,332	8,002,332
36	Additional cash requirement (line 34 minus line 35).....		36 style="text-align: right;">16,054,739
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 style="text-align: right;">21,309,281
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a style="text-align: right;">5,254,542
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b style="text-align: right;">5,254,542
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 style="text-align: right;">0
40	Unpaid minimum required contributions for all years		40 style="text-align: right;">0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		