

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>333</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>UNIVERSITY HOSPITALS HEALTH SYSTEM</u> <u>3605 WARRENSVILLE CENTER ROAD</u> <u>SHAKER HEIGHTS, OH 44122</u>	1c Effective date of plan <u>04/01/1970</u> 2b Employer Identification Number (EIN) <u>34-0714775</u> 2c Plan Sponsor's telephone number <u>216-844-1000</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	THOMAS SNOWBERGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	36345
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)	23595
	6a(2)	25032
	6b	770
	6c	12955
	6d	38757
	6e	127
	6f	38884
	6g(1)	
6g(2)		
6h		512
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 3H

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>889760181</u>
	b Actuarial value	2b	<u>947815103</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>579</u>	<u>55482126</u>
	b For terminated vested participants	<u>12171</u>	<u>270240607</u>
	c For active participants	<u>23595</u>	<u>629078382</u>
	d Total	<u>36345</u>	<u>954801115</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.15 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>57922688</u>
	b Expected plan-related expenses	6b	<u>16000000</u>
	c Target normal cost	6c	<u>73922688</u>

Statement by Enrolled Actuary

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

SIGN HERE			
	Signature of actuary	<u>09/15/2025</u>	Date
	<u>JASON M. BRAVO</u>	<u>23-05569</u>	Most recent enrollment number
	<u>AON CONSULTING, INC.</u>	<u>216-430-4732</u>	Telephone number (including area code)
	<u>MSC# 17854 P.O. BOX 7505 FORT WASHINGTON, PA 19034</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	97656856
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	61828841
9	Amount remaining (line 7 minus line 8)	0	35828015
10	Interest on line 9 using prior year's actual return of <u>10.35</u> %	0	3708200
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		12359658
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>5.28</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		1279225
c	Total available at beginning of current plan year to add to prefunding balance		13638883
d	Portion of (c) to be added to prefunding balance		13638883
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	53175098

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.40 %
15	Adjusted funding target attainment percentage	15	92.40 %
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	95.26 %
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		
01/15/2025	16482025	0					
09/08/2025	13720000	0					
			Totals ▶	18(b)	30202025	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 28251472	
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 73922688
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		73504372	7502089
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 81424777
		Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		0	53175098
36 Additional cash requirement (line 34 minus line 35)			36 28249679
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 28251472
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 1793
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 1793
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

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

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

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ARTISAN **430 W. 7TH STREET, SUITE 219322**
KANSAS CITY, MO 64105-1407

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

BLACKROCK **400 HOWARD STREET**
SAN FRANCISCO, CA 94105

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

D.E. SHAW INVESTMENT MANAGEMENT **1166 AVENUE OF THE AMERICAS FL 9**
NEW YORK, NY 10036-2750

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

HARDMAN JOHNSTON **300 ATLANTIC ST**
SUITE 601
STAMFORD, CT 06901

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

JOHCM INTERNATIONAL
P.O BOX 4766
CHICAGO, IL 60680-4766

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

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

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

PIMCO

33-0629048

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

VANGUARD
PO BOX 982902
EL PASO, TX 79998-2902

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

WCM INVESTMENT MANAGEMENT, LLC
281 BROOKS STREET
LAGUNA BEACH, CA 92651

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

WELLS CAPITAL MANAGEMENT
525 MARKET STREET
10TH FLOOR
SAN FRANCISCO, CA 94105

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

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

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

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

AON CONSULTING INC

22-2232264

(b) 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 15 50 65	ACTUARIAL	1654333	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WELLINGTON GROUP HOLDINGS LLP

47-1167553

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	469283	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAMBRIDGE ASSOCIATES LLC

04-3515240

(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?
16	CONSULTING (GENERAL)	445200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

LEGALINK A MERRILL COMPANY

20-2665382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	154258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKSTONE REAL ESTATE

83-2580229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	114365	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LOOMIS SAYLES & COMPANY, LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	106763	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

KPMG LLP

13-5565207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTING (AUDITING)	68334	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKSTONE REAL ESTATE

88-1115270

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 99	INVESTMENT MANAGEMENT	33343	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
65	ACCOUNT MAINTENANCE FEES	12684	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SEYFARTH SHAW LLP

36-2152202

(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?
29	LEGAL	11705	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>▶</u> <u>333</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY HOSPITALS HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>34-0714775</u>

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF SMALL CAP 2000</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>		
c EIN-PN <u>04-2755549-057</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12878248</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLS CAP CEF RET PLAN</u>		
b Name of sponsor of entity listed in (a): <u>WELLS CAPITAL MANAGEMENT</u>		
c EIN-PN <u>34-0714775-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11017987</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM-M DB SL ACWI FUND</u>		
b Name of sponsor of entity listed in (a): <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.</u>		
c EIN-PN <u>34-0714775-333</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54767205</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LGIMA LONG DURATION US CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>LEGAL AND GENERAL INV MAN AMERICA</u>		
c EIN-PN <u>52-1236150-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>36706159</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WCM FOCUSED INTERNATIONAL GROWTH FD</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK, N.A.</u>		
c EIN-PN <u>34-0714775-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11633997</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK US DEBT FUND</u>		
b Name of sponsor of entity listed in (a): <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u>		
c EIN-PN <u>45-3549442-333</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>53774037</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE US GOV'T STIF 15 BPS</u>		
b Name of sponsor of entity listed in (a): <u>UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN</u>		
c EIN-PN <u>45-3549442-333</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19356814</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INTL EQ FD II LP		
b Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN		
c EIN-PN 45-3549442-333	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10709465
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CHINA SELECT FUND		
b Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN		
c EIN-PN 45-3549442-333	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9657230
a Name of MTIA, CCT, PSA, or 103-12 IE: HUDSON BAY INTERNATIONAL		
b Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN		
c EIN-PN 45-3549442-333	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26107018
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM-M DB SL BROAD MKT SIF		
b Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.		
c EIN-PN 34-0714775-333	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 87150530
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM-M DB SL EM SIF		
b Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.		
c EIN-PN 34-0714775-333	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32420169
a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CIF II GLOBAL		
b Name of sponsor of entity listed in (a): UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.		
c EIN-PN 34-0714775-333	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70326161
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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY HOSPITALS HEALTH SYSTEM	D Employer Identification Number (EIN) 34-0714775

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	23500000	30202025
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	257971	476217
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8458859	19356814
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	364093248	358301406
(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)	341154453	415889792
(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)	153328099	95357581
(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	890792630	919583835
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	253068	408085
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	253068	408085
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	890539562	919175750

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)	30202025	
(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)		30202025
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	90	
(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)	221601	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		221691
(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)	3343024	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3343024
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	25345942	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	20877361	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		4468581
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	17058804	
(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)		41889217
(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)		-2270840
c Other income	2c		4237813
d Total income. Add all income amounts in column (b) and enter total	2d		99150315

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	50696688	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	735943	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		51432631
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		1572457
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	68334	
(5) Investment advisory and investment management fees	2i(5)	3039313	
(6) Bank or trust company trustee/custodial fees	2i(6)	2690	
(7) Actuarial fees	2i(7)	1654333	
(8) Legal fees	2i(8)	11705	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	12732664	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		17509039
j Total expenses. Add all expense amounts in column (b) and enter total	2j		70514127

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		28636188
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **KPMG, LLP**

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 554429.

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

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1904625</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	573

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 36.7 % Private Equity: 13.7 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.6 %
 High-Yield Debt: 4.8 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.2 % Other: 25.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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



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

Financial Statements and Supplemental Schedules

December 31, 2024 and 2023

(With Independent Auditors' Report Thereon)

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

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits, December 31, 2024 and 2023	4
Statements of Changes in Net Assets Available for Benefits, years ended December 31, 2024 and 2023	5
Notes to Financial Statements	6
Supplemental Schedules	
1 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2024	16
2 Schedule H, Line 4j – Schedule of Reportable Transactions – Year ended December 31, 2024	18
Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because there is no information to report.	



KPMG LLP
Suite 3400
312 Walnut Street
Cincinnati, OH 45202

Independent Auditors' Report

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

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

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

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

Management has obtained certifications from 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 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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



Responsibilities of Management for the Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

KPMG LLP

Cincinnati, Ohio
October 14, 2025

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

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value:		
Cash and cash equivalents	\$ 19,356,814	8,458,859
Mutual and exchange-traded funds	95,357,581	153,328,099
Common/collective trusts	415,889,792	341,154,453
Alternative investments	358,301,406	364,093,248
Total investments at fair value	888,905,593	867,034,659
Receivables:		
Contribution receivable	26,856,482	6,000,000
Accrued interest and dividends	476,216	257,971
Total receivables	27,332,698	6,257,971
Total assets	916,238,291	873,292,630
Liabilities:		
Accrued payables	408,085	253,068
Total liabilities	408,085	253,068
Net assets available for benefits	\$ 915,830,206	873,039,562

See accompanying notes to financial statements.

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

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2024 and 2023

	2024	2023
Investment income:		
Interest and dividends	\$ 3,564,715	10,624,313
Net appreciation in fair value of investments	65,383,575	70,226,429
Total investment income	68,948,290	80,850,742
Investment expenses	4,611,770	1,673,095
Net investment income	64,336,520	79,177,647
Contributions:		
Employer contributions	44,356,482	6,000,000
Total contributions	44,356,482	6,000,000
Deductions from net assets attributed to:		
Benefits paid	51,432,631	48,309,143
Administrative expenses	14,469,727	20,584,845
Total deductions	65,902,358	68,893,988
Net increase in net assets available for benefits	42,790,644	16,283,659
Net assets available for benefits:		
Beginning of year	873,039,562	856,755,903
End of year	\$ 915,830,206	873,039,562

See accompanying notes to financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(1) Description of the Plan

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

(a) General

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

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

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

In November 2022, the Plan purchased a group annuity contract from an insurance company and transferred \$242,745,000 of the Plan's outstanding pension benefit obligations related to certain retirees and beneficiaries. As a result of the transaction, the insurance company will be required to pay and administer the retirement benefits owed to these retirees and beneficiaries, with no change to their monthly retirement benefit payment amounts. The insurance company assumed the responsibility of administering the retirement benefit payments beginning on March 1, 2023. The insurance company was required to reimburse the Plan for the payments the Plan made on its behalf during January and February 2023. The reimbursement was reflected as a reduction of benefits paid.

(b) Pension Benefits

Employees with benefits under the frozen final average pay terms of the plan agreement are eligible for monthly normal retirement benefit payments upon reaching age 65, or may receive early retirement benefits at age 55, provided that five years of credited service have been obtained. The amount of a plan participant's benefit was based upon several factors, including compensation, years of service, age, and the estimated Social Security benefit. The compensation formula used for the calculation of a participant's benefit payment was based upon compensation for the highest five consecutive calendar years during the previous ten years prior to the date of termination. The Plan also provided for the payment of early and disability retirement benefits as well as the payment of benefits to the surviving

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

spouse of a participant. An unmarried participant may designate a beneficiary entitled to receive 50% of the participant's monthly retirement benefit, which is to be paid out in a lump sum.

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

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

(c) Vesting

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

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(b) Funding Policy

It is the System's policy to make contributions to the Plan based upon actuarial computations which meet the greater of the minimum funding requirements of ERISA or 90% of the actuarial present value of accumulated plan benefits. The System met the minimum funding requirements of ERISA for 2024 and 2023, as determined by consulting actuaries.

(c) Valuation of Investments and Income Recognition

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

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

(d) Actuarial Present Value of Accumulated Plan Benefits

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

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

(e) Use of Estimates

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

(f) Payment of Benefits

Benefits are recorded when paid.

(g) Cash and Cash Equivalents

The Plan considers all highly liquid investments with a maturity of three months or less when purchased to be cash equivalents. Cash and cash equivalents include money market funds with a weighted average term of less than 60 days at December 31, 2024 and 2023.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(3) Information Certified by the Trustees

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

(4) Fair Value Measurements

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

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

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

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

The inputs used to fair value Level 1 instruments are unadjusted quoted prices derived from the exchanges and the Chicago Board of Trade. Level 1 instruments primarily consist of cash and cash equivalents, equities, exchange-traded funds and certain common/collective trusts comprising of bonds, notes and U.S. government obligations. The Plan invests in a variety of equity securities and mutual funds to diversify the portfolio as part of the investment strategy.

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

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

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

Notes to Financial Statements

December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

	NAV (a)	Investments at fair value			Total
		Level 1	Level 2	Level 3	
December 31, 2024:					
Assets:					
Cash and cash equivalents	\$ —	19,356,814	—	—	19,356,814
Mutual and exchange-traded funds	—	95,357,581	—	—	95,357,581
Common/collective trusts	162,929,247	252,960,545	—	—	415,889,792
Alternative investments	358,301,406	—	—	—	358,301,406
Total assets	\$ 521,230,653	367,674,940	—	—	888,905,593

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

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

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

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

The General Partner of each Fund-of-Funds Limited Partnership determines the fair market valuation of its underlying Limited Partnership investments. The fair value determination made by the general partner or fund manager is based primarily on the quarterly internal and annual audited financial statements of the

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

underlying Limited Partnership Funds, which report net asset value based on (i) the nature and terms of each underlying investment, (ii) market inputs, and (iii) certain other relevant information.

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

Assets categorized as alternative investments may be subject to liquidity restrictions such as gates. These gates prevent short-term liquidation of assets. Hedge funds may be redeemed at quarter-end requiring advanced notice ranging from 45 to 65 days and prior written notice subject to certain limitations that may be imposed by the General Partner of the fund without notice. Private equity and private real estate funds generally have contractual terms of 10 years or greater from the time the commitment to the fund is made. While distributions of capital during this term typically occur, many of these funds have provisions that allow the General Partner to extend the final term and suspend distributions. Distressed debt funds are typically 1–5 years or 6–10 year term structures and although some of the funds offer liquidity, the fund documents allow the General Partner to suspend redemptions if they deem necessary. Resulting from these contractual limitations on liquidity, these alternative assets are generally considered illiquid. The table below classifies the market value at December 31, 2024 of the alternative investment portion of the Plan assets into categories based on the stated contractual liquidity terms of the underlying investments.

Contractual liquidity terms of alternative investments at December 31, 2024 are as follows:

	<u>Net asset value</u>	<u>Unfunded commitments</u>
Less than 1 year, no contractual restrictions have been imposed	\$ 147,623,524	10,152,785
Limited partnership fund expiring in 1–5 years	66,879,300	8,470,038
Limited partnership fund expiring in 6–10 years	79,054,519	16,622,970
Limited partnership fund expiring in 11–15 years	42,199,733	60,796,507
Limited partnership fund expiring in 15+ years	<u>22,544,330</u>	<u>42,708,968</u>
Total alternative investments	<u>\$ 358,301,406</u>	<u>138,751,268</u>

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

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

Notes to Financial Statements

December 31, 2024 and 2023

(5) Actuarial Present Value of Accumulated Plan Benefits

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

The actuarial present value of accumulated plan benefits as of December 31, 2023 and 2022 is as follows:

	2023	2022
Actuarial present value of accumulated plan benefits:		
Participants currently receiving payments	\$ 47,509,773	15,036,159
Other vested participants	759,996,129	730,893,752
Nonvested participants	16,398,206	16,322,709
Total actuarial present value of accumulated plan benefits	\$ 823,904,108	762,252,620

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

Actuarial present value of accumulated plan benefits at beginning of year	\$	762,252,620
Increase due to:		
Interest on prior liability		51,545,299
Benefits accumulated and actuarial gains/(losses)		57,114,011
Benefits paid		(52,673,278)
Change in actuarial assumptions		5,665,456
		61,651,488
Actuarial present value of accumulated plan benefits at end of year	\$	823,904,108

The significant actuarial assumptions used in the valuations as of December 31, 2023 and 2022 include:

Assumptions	2023	2022
Assumed rate of return on investments	7.00 %	7.00 %
Mortality basis	Amount-weighted Pri-2012 employee, retirees, and contingent survivor mortality rates projected generationally from 2012 with Scale MP-2021	Amount-weighted Pri-2012 employee, retirees, and contingent survivor mortality rates projected generationally from 2012 with Scale MP-2021
Average retirement rate	62	62

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

(6) Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Plan Administrator by a letter dated January 22, 2013 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC and that, therefore, the Plan qualifies under Section 401(a) of the IRC, and the related trust is tax exempt as of December 31, 2024.

The System is required to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the organization has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The System has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The System believes the Plan is no longer subject to income tax examinations for years prior to 2021.

(7) Plan Termination

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

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

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

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

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

Notes to Financial Statements

December 31, 2024 and 2023

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

(8) Administrative Expenses

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

(9) Risks and Uncertainties

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

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

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

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

Fees paid directly to trustees to provide investment advisory services totaling \$1,657,023 and \$533,457 are included in administrative expenses for the years ended December 31, 2024 and 2023, respectively.

(11) Reconciliation of Financial Statements to Form 5500

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

In 2025, the Plan sponsor recognized the remaining \$17,500,000 from the 2024 contribution as well as contributed and designated \$30,202,025 in 2025 for the 2024 plan year for tax purposes on the 5500. However, \$26,856,482 was required to meet the Plan's 2024 Funding Policy.

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

Notes to Financial Statements

December 31, 2024 and 2023

As a result of the above items, the following is a reconciliation of net assets available for benefits as of December 31, 2024 and for the year ended December 31, 2024 reported in the financial statements to the Form 5500:

	2024	2023
Net assets available for benefits per financial statements	\$ 915,830,206	873,039,562
Contributions from Plan Sponsor	3,345,544	17,500,000
Net assets available for benefits per Form 5500	\$ 919,175,750	890,539,562

The following is a reconciliation of the changes in net assets per the 2024 financial statements to Form 5500:

Increase in net assets available for benefits per 2024 financial statements	\$ 42,790,644
Contributions from Plan Sponsor	(14,154,456)
Increase in net assets available for benefits per 2024 Form 5500	\$ 28,636,188

(12) Subsequent Events

All activity of the Plan has been evaluated through October 14, 2025 the date the financial statements were available to be issued.

There were no reportable events.

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

EIN: 34-0714775

Plan Number: 333

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment, including par or maturity collateral, or maturity date	Cost	Current value	Current value
	Cash and cash equivalents:			
*	Government Stif 15	19,356,814 units	\$ 19,356,814	19,356,814
	Total cash and cash equivalents		19,356,814	19,356,814
	Mutual and exchange-traded funds:			
	ARTISAN INTL VAL-INST	298,332 shares	13,169,729	14,030,562
	JOHCM INTERNATIONAL SEL-INST	506,649 shares	15,646,946	11,642,801
	PIMCO INV GRD CRD BND-INST	1,073,834 shares	10,762,655	9,557,122
	PIMCO LNG DUR TTL RTRN-INST	2,522,951 shares	27,028,257	17,685,889
	PIMCO LNG-TRM CRDT BND-INS	4,872,699 shares	61,342,393	42,441,207
	Total mutual and exchange-traded funds		127,949,980	95,357,581
	Common/collective trusts:			
	BLACKROCK US DEBT INDEX FUND B	53,774,037 shares	66,330,924	53,774,037
*	BNYM-M DB SL ACWI FUND	142,572 shares	50,000,000	54,767,205
*	BNYM-M DB SL BROAD MKT SIF	116,567 shares	61,122,210	87,150,530
*	BNYM-M DB SL EM SIF	178,306 shares	27,000,000	32,420,169
	HARDMAN JOHNSTON INTL EQ FD II	10,709,465 shares	12,037,882	10,709,465
	LGIMA LONG DURATION US CREDIT	36,706,159 shares	42,770,897	36,706,159
	LOOMIS HIGH YIELD FULL DESCRET	855,963 shares	15,782,040	24,848,604
	WCM FOCUSED INTL GROWTH FUND	11,633,997 shares	6,763,996	11,633,997
	WELLINGTON CHINA SELECT	9,657,230 shares	17,000,000	9,657,230
	WELLINGTON CIF II GLOBAL	3,418,870 shares	51,164,943	70,326,161
	WELLS CAPITAL CEF	79,094 shares	6,856,409	11,017,987
	WTC CIF SM CAP 2000	486,890 shares	3,532,287	12,878,248
	Total common/collective trusts		360,361,588	415,889,792
*	Party-in-interest as defined by ERISA.			

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

EIN: 34-0714775

Plan Number: 333

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party		Description of investment, including par or maturity collateral, or maturity date	Cost	Current value
Alternative investments:				
		6,155,848 units	\$ 5,660,240	6,155,848
		15,607,923 units	13,152,922	15,607,923
		295 units	1,630,861	295
		1,510,091 units	2,077,723	1,510,091
		2,355,060 units	2,271,078	2,355,060
		6,131,083 unit	5,893,351	6,131,083
		1,094 units	119,149	1,094
		982,401 units	1,507,886	982,401
		2,696,718 units	2,679,574	2,696,718
		1,024,900 units	1,948,108	1,024,900
		2,453,090 units	2,382,519	2,453,090
		414,719 units	332,119	414,719
		1,149,999 units	743,783	1,149,999
		26,407 units	3,821	26,407
		6,423,832 units	6,423,832	6,423,832
		2,366,688 units	2,117,201	2,366,688
		9,842,053 units	8,276,527	9,842,053
		11,074,164 units	6,519,042	11,074,164
		4,360,177 units	2,825,597	4,360,177
		1,540,690 units	1,474,679	1,540,690
		13,874,342 units	7,532,562	13,874,342
		12,320,395 units	11,258,910	12,320,395
		23,225,270 units	20,000,000	23,225,270
		9,254,800 units	8,610,750	9,254,800
		908,906 units	5,104,753	908,906
		22,718,461 units	18,000,000	22,718,461
		21,342,612 units	14,979,224	21,342,612
		499,097 units	943,316	499,097
		2,444,074 units	3,586,664	2,444,074
		4,994,314 units	4,311,091	4,994,314
		1,617,791 units	1,594,327	1,617,791
		15,968,842 units	12,106,318	15,968,842
		26,107,018 units	22,390,863	26,107,018
		1,706,012 units	3,032,144	1,706,012
		5,081,514 units	2,992,963	5,081,514
		7,630,260 units	5,341,482	7,630,260
		4,302,970 units	3,522,753	4,302,970
		1,253,181 units	1,253,181	1,253,181
		2,838 units	—	2,838
		6,312 units	—	6,312
		3,150,993 units	4,117,797	3,150,993
		4,005,370 units	—	4,005,370
		281,233 units	1,228,027	281,233
		2,190,017 units	1,819,322	2,190,017
		12,215,549 units	9,510,302	12,215,549
		573,085 units	552,696	573,085
		2,159,319 units	1,914,656	2,159,319
		537,183 units	1,106,994	537,183
		10,922,148 units	7,609,939	10,922,148
		1,994,493 units	1,653,250	1,994,493
		9,327,220 units	9,000,000	9,327,220
		7,960,745 units	5,402,305	7,960,745
		273,399 units	273,399	273,399
		6,237,929 units	2,987,177	6,237,929
		6,101,296 units	3,632,067	6,101,296
		2,533,120 units	2,130,293	2,533,120
		363,164 units	2,054,088	363,164
		662,925 units	1,180,923	662,925
		861,692 units	861,692	104,179
		15,997,301 units	14,322,125	15,997,301
		99,838 units	1,113,023	99,838
		176,435 units	173,987	176,435
		272,594 units	285,414	272,594
		80,228 units	84,963	80,228
		18,705,402 units	11,218,930	18,705,402
	Total alternative investments		298,834,682	358,301,406
	Total investments		\$ 806,503,064	888,905,593

* Party-in-interest as defined by ERISA.

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

See accompanying independent auditors' report.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

EIN: 34-0714775
Plan Number: 333

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2024

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Single Transactions involving an amount in excess of 5% of the beginning value of Plan assets:								
* BNY	BNYM-M DB SL ACWI FUND	\$ 50,000,000	—	—	—	—	50,000,000	—
* BNY	BNYM-M DB SL AGGREGATE BIF	—	59,985,879	—	—	54,379,294	—	5,606,585
* BNY	Government Stif 15	47,245,847	—	—	—	—	47,245,847	—
* BNY	Government Stif 15	—	49,946,824	—	—	49,946,824	—	—
* BNY	Government Stif 15	55,431,678	—	—	—	—	55,431,678	—
D.E. Shaw	DE SHAW WORLD ALPHA EXT FUND	—	47,527,669	—	—	45,633,858	—	1,893,811
Series of transactions involving an amount in excess of 5% of the beginning value of Plan assets:								
Blackrock	BLACKROCK US DEBT INDEX FUND B							
	2 purchases	50,000,000	—	—	—	50,000,000	50,000,000	—
	0 sales	—	—	—	—	—	—	—
D.E. Shaw	DE SHAW WORLD ALPHA EXT FUND							
	0 purchases	—	—	—	—	—	—	—
	2 sales	—	50,018,249	—	—	48,025,198	50,018,249	1,993,051
* BNY	BNYM-M DB SL ACWI FUND							
	1 purchases	50,000,000	—	—	—	50,000,000	50,000,000	—
	0 sales	—	—	—	—	—	—	—
* BNY	BNYM-M DB SL AGGREGATE BIF							
	0 purchases	—	—	—	—	—	—	—
	1 sales	—	59,985,880	—	—	54,379,294	59,985,880	5,606,586
* BNY	Government Stif 15:							
	94 purchases	191,881,663	—	—	—	191,881,663	191,881,663	—
	94 sales	—	180,983,707	—	—	180,983,707	180,983,707	—

* Party-in-interest as defined by ERISA.

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

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Schedule SB, line 26a – Schedule of Active Participant Data
 as of January 1, 2024

Number of Participants, Average Compensation and Average Cash Balance Account

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	14	628 \$52,891 \$2,150	19							
25-29	5	1,609 \$64,446 \$3,680	550 \$67,780 \$8,494	7						
30-34	11	1,331 \$72,640 \$4,172	1,337 \$75,567 \$11,686	276 \$76,306 \$19,138	11					
35-39	15	1,016 \$94,271 \$6,154	1,161 \$94,660 \$15,735	710 \$92,527 \$25,415	251 \$83,249 \$22,700	11				
40-44	10	774 \$91,956 \$6,454	904 \$106,372 \$19,967	559 \$102,126 \$29,428	459 \$97,541 \$28,432	157 \$93,294 \$27,556	8			
45-49	21 \$30,223 \$970	551 \$89,816 \$6,655	684 \$94,451 \$18,795	473 \$102,427 \$31,628	449 \$109,455 \$36,366	295 \$93,691 \$30,791	114 \$93,851 \$31,129	3		
50-54	12	542 \$87,200 \$6,774	602 \$99,759 \$21,185	458 \$103,431 \$34,315	442 \$117,741 \$41,096	287 \$105,234 \$35,916	214 \$99,962 \$37,315	98 \$95,056 \$37,878	5	
55-59	11	456 \$83,189 \$6,963	508 \$94,220 \$22,072	402 \$93,228 \$33,814	425 \$113,405 \$43,265	328 \$93,962 \$35,033	234 \$108,978 \$43,429	227 \$95,349 \$40,815	101 \$89,743 \$40,037	8
60-64	8	302 \$74,277 \$7,073	407 \$87,531 \$21,695	365 \$88,809 \$34,584	359 \$105,372 \$44,049	287 \$88,264 \$36,829	228 \$87,423 \$38,916	188 \$95,342 \$43,007	169 \$91,513 \$45,151	116 \$82,355 \$38,653
65-69	9	115 \$88,648 \$8,796	179 \$88,708 \$24,486	146 \$97,363 \$42,722	147 \$117,705 \$55,426	134 \$81,184 \$37,358	92 \$85,070 \$37,277	77 \$90,927 \$45,094	47 \$76,569 \$38,382	66 \$82,005 \$37,727
70+	6	48 \$95,305 \$12,370	58 \$102,540 \$37,272	52 \$89,865 \$53,158	72 \$125,482 \$72,375	38 \$81,912 \$45,751	23 \$91,999 \$34,544	29 \$66,268 \$32,021	20 \$107,016 \$50,189	25 \$62,287 \$26,998

N-23,595

Schedule SB Attachment (Form 5500) —2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2023), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.87%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2023), without regard to interest rate stabilization
1st Segment Rate	3.62%
2nd Segment Rate	4.46%
3rd Segment Rate	4.52%
Salary Increases	
Minimum Funding Target Normal Cost	See Table 1.
Maximum Tax Expected Benefit Increase	See Table 1.
Cash Balance Interest Crediting Rate	2.50%
Optional Payment Form Election Percentage	
Final Average Pay Benefits	40% of eligible participants elect a lump sum; all others elect a single life annuity.
Cash Balance Benefits	Retirement eligible: 90% elect lump sum; 10% elect single life annuity. Non-retirement eligible: 20% elect immediate lump sum; 80% elect lump sum deferred to age 60.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sum
Optional Payment Form Conversion Mortality	2024 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2.
Terminated Vested Participants	Age 62

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Mortality Rates

Healthy and Disabled 2024 generational mortality tables for annuitants and non-annuitants per §1.430(h)(3)-1(b)

Withdrawal Rates

See Table 3.

Disability Rates

See Table 4.

Decrement Timing

Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Surviving Spouse Benefit

It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation

2023 Pensionable earnings rolled forward one year with the salary increase assumption

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the IRC section 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2022 Plan Year 6.25%, limited to 5.92%

2023 Plan Year 7.00%, limited to 5.74%

2024 Plan Year 7.00%, limited to 5.59%

Trust Expenses Included in Target Normal Cost

\$16,000,000 based on the prior year's actual plan administrative expenses, adjusted for the change in PBGC premiums between the prior year and current year, rounded to the nearest \$100,000.

Actuarial Method

Standard unit credit cost method

Valuation Date

January 1, 2024

Schedule SB Attachment (Form 5500) —2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Actuarial Assumptions and Methods

Table 1

Salary Merit Increase Rates

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Table 2

Retirement Rates

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Table 3

Withdrawal Rates

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Table 3 continued

Withdrawal Rates

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Table 4

Disability Rates

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

University Hospitals Health System, Inc. Retirement Plan

EIN: 34-07414775

PN: 333

Filing authorization received. Signature pages to be included in amended return.

UNIVERSITY HOSPITALS HEALTH SYSTEM, INC.
RETIREMENT PLAN

EIN: 34-0714775
Plan Number: 333

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2024

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Single Transactions involving an amount in excess of 5% of the beginning value of Plan assets:								
* BNY	BNYM-M DB SL ACWI FUND	\$ 50,000,000	—	—	—	—	50,000,000	—
* BNY	BNYM-M DB SL AGGREGATE BIF	—	59,985,879	—	—	54,379,294	—	5,606,585
* BNY	Government Stif 15	47,245,847	—	—	—	—	47,245,847	—
* BNY	Government Stif 15	—	49,946,824	—	—	49,946,824	—	—
* BNY	Government Stif 15	55,431,678	—	—	—	—	55,431,678	—
D.E. Shaw	DE SHAW WORLD ALPHA EXT FUND	—	47,527,669	—	—	45,633,858	—	1,893,811
Series of transactions involving an amount in excess of 5% of the beginning value of Plan assets:								
Blackrock	BLACKROCK US DEBT INDEX FUND B							
	2 purchases	50,000,000	—	—	—	50,000,000	50,000,000	—
	0 sales	—	—	—	—	—	—	—
D.E. Shaw	DE SHAW WORLD ALPHA EXT FUND							
	0 purchases	—	—	—	—	—	—	—
	2 sales	—	50,018,249	—	—	48,025,198	50,018,249	1,993,051
* BNY	BNYM-M DB SL ACWI FUND							
	1 purchases	50,000,000	—	—	—	50,000,000	50,000,000	—
	0 sales	—	—	—	—	—	—	—
* BNY	BNYM-M DB SL AGGREGATE BIF							
	0 purchases	—	—	—	—	—	—	—
	1 sales	—	59,985,880	—	—	54,379,294	59,985,880	5,606,586
* BNY	Government Stif 15:							
	94 purchases	191,881,663	—	—	—	191,881,663	191,881,663	—
	94 sales	—	180,983,707	—	—	180,983,707	180,983,707	—

* Party-in-interest as defined by ERISA.

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

See accompanying independent auditors' report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

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

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2 Assets:			
a Market value.....		2a	889,760,181
b Actuarial value.....		2b	947,815,103
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.....	579	55,482,126	55,482,126
b For terminated vested participants	12,171	270,240,607	270,240,607
c For active participants.....	23,595	629,078,382	642,421,644
d Total.....	36,345	954,801,115	968,144,377
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	5.15%
6 Target normal cost			
a Present value of current plan year accruals		6a	57,922,688
b Expected plan-related expenses		6b	16,000,000
c Target normal cost.....		6c	73,922,688

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	<u>Jason M. Bravo</u> Signature of actuary	<u>09/15/2025</u> Date
	<u>JASON M. BRAVO</u> Type or print name of actuary	<u>2305569</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>216-430-4732</u> Telephone number (including area code)
	<u>MSC# 17854 P.O. Box 7505</u> <u>FORT WASHINGTON PA 19034</u> Address of the firm	

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2024 v. 240311

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

21 Discount rate:

a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
	21b			4
b Applicable month (enter code).....				22
				63

22 Weighted average retirement age

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	73,922,688
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	73,504,372	7,502,089
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** 81,424,777

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	53,175,098	53,175,098
36 Additional cash requirement (line 34 minus line 35).....			36 28,249,679
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			37 28,251,472

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	1,793
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	1,793
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2024

Date	Amount	Days to Discount to 1/1/2024 at 5.15%	Interest Adjusted Contribution
January 15, 2025	\$ 16,482,025	380	\$ 15,644,611
September 8, 2025	<u>13,720,000</u>	616	<u>12,606,861</u>
Total Contribution	\$ 30,202,025		\$ 28,251,472

Schedule SB Attachment (Form 5500) —2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

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

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	45,658,332	12,806,107	4,366,865	62,831,304
2025	34,008,850	10,710,280	4,331,376	49,050,506
2026	36,003,423	12,115,166	4,293,555	52,412,144
2027	36,937,046	13,486,837	4,252,320	54,676,203
2028	38,456,255	14,678,261	4,206,954	57,341,470
2029	39,028,670	15,741,188	4,157,071	58,926,929
2030	40,532,748	16,888,959	4,103,828	61,525,535
2031	41,455,984	17,532,430	4,045,598	63,034,012
2032	41,688,023	17,980,582	3,981,152	63,649,757
2033	42,223,558	18,132,625	3,904,750	64,260,933
2034	42,517,217	18,934,711	3,819,812	65,271,740
2035	42,961,787	18,927,358	3,733,266	65,622,411
2036	43,869,291	19,137,634	3,638,651	66,645,576
2037	42,437,942	19,408,064	3,535,531	65,381,537
2038	42,700,795	19,424,393	3,423,555	65,548,743
2039	42,157,973	19,239,670	3,302,468	64,700,111
2040	42,685,174	19,363,894	3,172,126	65,221,194
2041	41,451,486	19,211,045	3,032,479	63,695,010
2042	41,121,521	18,799,945	2,883,590	62,805,056
2043	40,209,739	18,656,014	2,725,664	61,591,417
2044	40,274,047	18,440,214	2,559,092	61,273,353
2045	39,554,776	18,121,207	2,384,524	60,060,507
2046	37,850,922	17,580,609	2,202,954	57,634,485
2047	37,252,512	17,483,308	2,015,838	56,751,658
2048	35,087,533	16,761,069	1,825,211	53,673,813
2049	32,688,789	16,221,186	1,633,720	50,543,695
2050	30,964,685	15,621,848	1,444,457	48,030,990
2051	28,575,385	14,847,572	1,260,573	44,683,530
2052	26,336,639	13,994,861	1,085,145	41,416,645
2053	24,249,770	13,197,127	920,935	38,367,832
2054	21,936,800	12,398,209	770,130	35,105,139
2055	20,138,107	11,432,750	634,322	32,205,179
2056	17,887,787	10,335,669	514,385	28,737,841
2057	15,715,913	9,433,827	410,503	25,560,243
2058	13,847,854	8,358,081	322,296	22,528,231

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	11,941,981	7,427,867	248,887	19,618,735
2060	10,368,511	6,526,876	189,022	17,084,409
2061	8,746,431	5,655,933	141,193	14,543,557
2062	7,536,913	4,875,313	103,755	12,515,981
2063	6,578,223	4,158,187	75,035	10,811,445
2064	5,749,437	3,579,817	53,438	9,382,692
2065	5,056,286	3,001,279	37,509	8,095,074
2066	4,426,298	2,505,478	25,976	6,957,752
2067	3,865,068	2,092,736	17,771	5,975,575
2068	3,370,212	1,755,224	12,026	5,137,462
2069	2,927,927	1,463,034	8,065	4,399,026
2070	2,536,226	1,230,912	5,369	3,772,507
2071	2,187,068	1,041,645	3,555	3,232,268
2072	1,880,034	879,769	2,348	2,762,151
2073	1,608,715	738,709	1,550	2,348,974

Schedule SB Attachment (Form 5500) —2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Schedule SB, Part V — Summary of Plan Provisions

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

Eligibility Attainment of age 21 and completion of 1,000 hours of service.

Accrued Benefit The monthly benefit derived from the cash balance account, based on pay credits and interest credits.

Normal Retirement Benefit

Normal Retirement Date Age 65.

Benefit Accrued benefit.

Vested Termination Benefit

Eligibility Three years of credited service.

Benefit Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement.

Preretirement Surviving Spouse Benefit

Eligibility Any participant eligible for a vested retirement benefit.

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

Definitions

Actuarial Equivalence For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).

Pay Credits Credited annually based on the following table:

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Interest Credits

Credited quarterly based on the average yield on 10-year Treasury Constant Maturities for the second month prior to the quarter, with a minimum rate of 1.95%.

Normal Form of Payment

Single life annuity.

Optimal Forms of Payment

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

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

Effective Date	As amended and restated effective July 1, 2001.
Participant Eligibility	Age 21 and one year of credited service. Hired prior to January 1, 2009.
Normal Retirement	
Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	The greater of (1) and (2): (1) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years. (2) Accrued benefit under the plan provisions in effect as of June 30, 1989.
Early Retirement	
Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement at early retirement date. Participants who are 55 or older with at least 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.
Disabled Retirement	
Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.
Deferred Vested Retirement	
Eligibility	Five years of credited service.
Benefit	Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Schedule SB Attachment (Form 5500) —2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Survivor Benefit

Eligibility Any participant eligible for a vested retirement benefit.

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

Definitions

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

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

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

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

Benefit Service¹ Determined according to the following schedule based on compensated hours of service in a calendar year:

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

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Accrued Benefit

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

- (1) Benefit service at determination date; and
- (2) The ratio of (1) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

Credited Service Ratio

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

Normal Form of Payment

Single life annuity.

Optional Forms of Payment

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

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

Eligibility Attainment of age 21 and completion of 1,000 hours of service. Hired or rehired on or after January 1, 2009 (including UHMG employees who reentered the UHHS controlled group on January 1, 2011).

Accrued Benefit The monthly benefit derived from the cash balance account, based on pay credits and interest credits.

Normal Retirement Benefit

Normal Retirement Date Age 65.

Benefit Accrued benefit.

Vested Termination Benefit

Eligibility Three years of credited service.

Benefit Accrued benefit payable at normal retirement age, or actuarially equivalent benefit payable prior to normal retirement age. Pay credits are not granted after termination, but interest credits continue until benefit commencement.

Preretirement Surviving Spouse Benefit

Eligibility Any participant eligible for a vested retirement benefit.

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

Definitions

Actuarial Equivalence For purposes of converting the account balance to an annuity, the applicable interest rates and mortality pursuant to Code section 417(e).

Pay Credits Credited annually based on the following table:

Years of Credited Service	Percent of Compensation
Less than 5	3.0%
5 or Greater	3.5%

Interest Credits Credited quarterly based on the average yield on 10-year Treasury Constant Maturities for the second month prior to the quarter.

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Normal Form of Payment

Single life annuity.

Optimal Forms of Payment

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

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

Participant Eligibility

Age 21 and one year of credited service.

Normal Retirement

Eligibility

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

Benefit

\$20 times years of benefit service at normal retirement date, with maximum of 30 years.

Early Retirement

Eligibility

Age 55 and five years of credited service.

Benefit

Accrued benefit actuarially reduced for commencement prior to normal retirement date.

Disabled Retirement

Eligibility

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

Benefit

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

Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

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

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

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

Definitions

Compensated Hours

Hours of service for which a participant was compensated.

Noncompensated Hours

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Benefit Service

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

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

Credited Service

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

June 1, 2004 Benefit Changes

Benefits for Bedford participants who moved to the UHC benefit structure on June 1, 2004 equal the greater of (1) and (2):

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

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

Participant Eligibility

Age 21 and one year of credited service.

Normal Retirement

Eligibility

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

Benefit

The greater of (1) and (2):

- (1) 1.20% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.
- (2) Accrued normal retirement benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement

Eligibility

Age 55 and five years of credited service.

Benefit

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

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

Disabled Retirement

Eligibility

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

Benefit

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

Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Survivor Benefit

Eligibility Any participant eligible for a vested retirement benefit.

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

Definitions

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

June 1, 2004 Benefit Changes

Benefits for Geauga participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (1) and (2):

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

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

Participant Eligibility

Age 21 and one year of credited service.

Normal Retirement

Eligibility

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

Benefit

The greater of (1) and (2):

- (1) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years.
- (2) Accrued benefit under the plan provisions in effect as of June 30, 1989.

Early Retirement

Eligibility

Age 55 and five years of credited service.

Benefit

Accrued benefit actuarially reduced for commencement at early retirement date.

Disabled Retirement

Eligibility

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

Benefit

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

Deferred Vested Retirement

Eligibility

Five years of credited service.

Benefit

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

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

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

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Definitions

Average Monthly Compensation	The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last 10 years prior to the date of termination, divided by 60.
Compensated Hours	Hours of service for which a participant was compensated.
Noncompensated Hours	Hours of service for which participant was scheduled to work, but did not and was not compensated.
Credited Service	One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.
Benefit Service	Determined according to the following schedule based on compensated hours of service in a calendar year:

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

Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.
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Accrued Benefit	<p>The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:</p> <ol style="list-style-type: none"> (1) Benefit service at determination date; and (2) The ratio of (1) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.
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Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Credited Service Ratio

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

June 1, 2004 Benefit Changes

Benefits for Heather Hill participants who moved to the UHC benefit structure on June 1, 2004 equal the sum of (1) and (2), divided by projected benefit service (up to 25 years):

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

University MEDNET (Pre–April 1, 2015 Accruals)

Participant Eligibility	One year of service with at least 1,000 hours of service.
Normal Retirement	
Eligibility	First day of the month on or after attaining age 65.
Benefit	The sum of (1), (2), (3) and (4) below: <ol style="list-style-type: none">(1) The greater of (a) and (b) below:<ol style="list-style-type: none">(a) 1% of past service compensation plus 0.8% of past service compensation in excess of 8,400; Times Service to December 31, 1978.(b) The benefit accrued to December 31, 1978, under the prior plan.(2) For each calendar year of service beginning with 1979 and before 1988, 1% of compensation plus 1% of compensation in excess of \$20,000.(3) For calendar year of service in 1988, 1.25% of compensation up to 50% of the Social Security wage base and 2% of compensation above 50% of the Social Security wage base.(4) For each calendar year of service beginning with 1989, 1.309% of compensation up to the greater of \$10,000 or 50% of the Social Security covered compensation for individuals retiring in the calculation year and 1.941% of compensation above the greater of \$10,000 or 50% of the Social Security covered compensation. After 35 years of service, the annual incremental accrued benefit becomes, for each calendar year of service, 1.745% of compensation.
Early Retirement	
Eligibility	Age 55 and 10 years of vesting service.
Benefit	Accrued benefit reduced 1/15 for each year between ages 60 and 65 and 1/30 for each year between ages 55 and 60 for commencement at early retirement date. Participants aged 55 with 10 years of service may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Disabled Retirement

Eligibility	Five years of vesting service and termination of employment due to a permanent disability.
Benefit	Reduced early retirement benefit commencing on the first of the month following disability.

Deferred Vested Retirement

Eligibility	Five years of vesting service.
Benefit	Accrued benefit commencing at normal retirement date or the reduced accrued benefit commencing at early retirement date. Employees who became participants prior to January 1, 1996, may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Survivor Benefit

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

Definitions

Average Monthly Compensation	The sum of a participant's W-2 compensation and sections 401(k), 403(b) and 125 compensation.
Past Service Compensation	The lesser of (1) and (2) below: (1) The greater of compensation during 1978, or the average of the compensation for the period January 1, 1974, through December 31, 1978. (2) The average of the five highest consecutive calendar years of compensation prior to termination of employment.
Service	One year is credited for each calendar year in which a participant worked at least 1,000 hours. Partial service is credited in year of termination.
Vesting Service	One year is credited for each calendar year in which a participant worked at least 1,000 hours.
Social Security Covered Compensation	The average of the maximum taxable wage bases for the 35 calendar years ending with the year of termination for a participant who attained Social Security retirement age during the year.

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

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

Effective Date	As amended and restated effective January 1, 1989.
Participation Date	January 1 or July 1 following the participant's twenty-first birthday and the completion of one qualifying year of service. Hired prior to January 1, 2009.
Normal Retirement	
Eligibility	First day of the month on or after the later of the participant's sixty-fifth birthday and the fifth anniversary of participation in the plan.
Benefit	The greatest of (1), (2) and (3): (1) 1.10% of average monthly compensation, plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by years of service up to a maximum of 30 years. (2) The accrued benefit under the plan provisions in effect as of November 26, 1996. (3) The accrued benefit under the plan provisions in effect as of May 14, 1998.
Early Retirement	
Eligibility	Age 55 and 10 years of service.
Benefit	Accrued benefit actuarially reduced for commencement at the early retirement date. Minimum early retirement factors apply to the November 26, 1996 minimum accrued benefit. The reduction applied to this minimum benefit is 0.5% for each of the first 60 months and 0.4% for each of the next 60 months.
Delayed Retirement	
Eligibility	The participant continues to work past the normal retirement date. Benefits shall not commence until the participant actually terminates employment.

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Benefit

The greater of (1) and (2):

- (1) The benefit based on compensation and years of service at the date of termination.
- (2) The accrued benefit on the normal retirement date increased by $\frac{1}{2}$ of 1% for each month by which the actual retirement date is later than the normal retirement date.

Disabled Retirement

Eligibility

Termination due to total and permanent disability.

Benefit

Accrued benefit as of the date of disability commencing on the normal retirement date. The participant may elect to receive a reduced benefit following six months of disability. The reduced benefit is the actuarial equivalent of the normal retirement benefit.

Deferred Vested Retirement

Eligibility

Five years of service.

Benefit

Accrued benefit as of the date of termination commencing at the normal retirement date.

A participant who has completed 10 years of service at termination may elect to commence benefit payments at the early retirement date.

Lump Sum Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

Participant may elect to receive a single lump-sum payment equal to the actuarial present value of the normal retirement benefit.

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Definitions

Average Monthly Compensation	<p>The sum of a participant's compensation during the five highest consecutive calendar years out of the last 10 years prior to the date of termination, divided by 60.</p> <p>If the participant has been employed for less than 60 months, the average monthly compensation is the sum of the participant's total compensation divided by the number of complete months the participant had worked prior to the date of termination.</p>
Compensation	<p>The participants' wages during the year. Compensation includes deferred compensation under Code sections 125 and 403(b).</p>
Year of Service	<p>For vesting and benefit accrual purposes, a year of service is credited for each calendar year in which a participant completes 1,000 hours of service.</p>
Social Security Covered Compensation	<p>The average of the maximum taxable wage bases for the 35 calendar years ending with the last day of the calendar year in which the participant attains Social Security retirement age. In calculating an individual's covered compensation in any given year, the current year's wage base is assumed to remain level in future years.</p>
Accrued Benefit	<p>The accrued benefit is the greatest of (1), (2) and (3):</p> <ol style="list-style-type: none">(1) The normal retirement benefit multiplied by the service ratio. In determining the normal retirement benefit, years of service is computed as the sum of years of service at the determination date and the number of years from the determination date to the normal retirement date.(2) The accrued benefit based on the provisions in effect as of November 26, 1996.(3) The accrued benefit based on the provisions in effect as of May 14, 1998.
Service Ratio	<p>Years of service at the determination date divided by projected years of service at normal retirement date, not to exceed one.</p>
Normal Form of Benefit	<p>A monthly annuity payable for the lifetime of the participant with 60 months of payments guaranteed. If the participant dies before 60 payments are made, payments will continue to the beneficiary until a total of 60 payments are made.</p>

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Optional Forms

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

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

Effective Date	July 1, 1984
Participant Eligibility	Hired prior to July 1, 2003. Benefits were frozen for specific participant groups at June 30, 2003 and December 31, 2009. Actives participants who were age 55 with 20 years of service at December 31, 2009 and elected to stay in the plan continue to accrue benefits.
Normal Retirement	
Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	The greater of (1), (2) and (3): (1) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years. (2) \$16.00 multiplied by benefit service up to a maximum of 25 years. (3) Accrued benefit under the plan provisions in effect as of June 30, 1989.
Early Retirement	
Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement at early retirement date.
Disabled Retirement	
Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.
Deferred Vested Retirement	
Eligibility	Five years of credited service.
Benefit	Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Survivor Benefit

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

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

Definitions

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

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

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

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

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

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

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Accrued Benefit

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

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

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

Credited Service Ratio

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

Normal Form of Payment

Single life annuity.

Optional Forms of Payment

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

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

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

Effective Date	July 1, 1984. Amended October 1, 2012.
Participant Eligibility	Age 21 and one year of service. The plan was closed to new hires and benefits were frozen for most participants on April 1, 2008. Actives participants who had 60 points (age plus service) or 15 years of service as of April 1, 2008 continue to accrue benefits.
Normal Retirement	
Eligibility	First day of the month on or after attaining age 65. For participants hired after age 60, normal retirement date is five years after date of hire.
Benefit	The greater of (1), (2) and (3): (1) 1.20% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation, the sum multiplied by benefit service up to a maximum of 25 years. (2) \$8.00 multiplied by benefit service up to a maximum of 25 years. (3) Accrued benefit under the plan provisions in effect as of June 30, 1989.
Early Retirement	
Eligibility	Age 55 and five years of credited service.
Benefit	Accrued benefit actuarially reduced for commencement at early retirement date.
Disabled Retirement	
Eligibility	Ten years of credited service and termination of employment due to a permanent disability.
Benefit	Accrued benefit commencing on the first of the month following five months of disability.
Deferred Vested Retirement	
Eligibility	Five years of credited service.
Benefit	Accrued benefit commencing at normal retirement date or the actuarially reduced accrued benefit commencing at early retirement date.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Survivor Benefit

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

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

Definitions

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

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

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

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

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

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

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

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

(1) Benefit service at determination date; and

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

- (2) The ratio of (a) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to normal retirement age.

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

Credited Service Ratio

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

Normal Form of Payment

Single life annuity.

Optional Forms of Payments

50%, 66 $\frac{2}{3}$ %, 75% and 100% joint and survivor annuity; 5- and 10-year certain and life annuity; Lump sum (if age 55 with at least 10 years of credited service).

Plan Changes Since the Prior Year

The funding valuation do not reflect any plan changes.

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

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

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

EIN: 34-0714775

Plan Number: 333

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

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment, including par or maturity collateral, or maturity date	Cost	Current value	Current value
	Cash and cash equivalents:			
*	Government Stif 15	19,356,814 units	\$ 19,356,814	19,356,814
	Total cash and cash equivalents		19,356,814	19,356,814
	Mutual and exchange-traded funds:			
	ARTISAN INTL VAL-INST	298,332 shares	13,169,729	14,030,562
	JOHCM INTERNATIONAL SEL-INST	506,649 shares	15,646,946	11,642,801
	PIMCO INV GRD CRD BND-INST	1,073,834 shares	10,762,655	9,557,122
	PIMCO LNG DUR TTL RTRN-INST	2,522,951 shares	27,028,257	17,685,889
	PIMCO LNG-TRM CRDT BND-INS	4,872,699 shares	61,342,393	42,441,207
	Total mutual and exchange-traded funds		127,949,980	95,357,581
	Common/collective trusts:			
	BLACKROCK US DEBT INDEX FUND B	53,774,037 shares	66,330,924	53,774,037
*	BNYM-M DB SL ACWI FUND	142,572 shares	50,000,000	54,767,205
*	BNYM-M DB SL BROAD MKT SIF	116,567 shares	61,122,210	87,150,530
*	BNYM-M DB SL EM SIF	178,306 shares	27,000,000	32,420,169
	HARDMAN JOHNSTON INTL EQ FD II	10,709,465 shares	12,037,882	10,709,465
	LGIMA LONG DURATION US CREDIT	36,706,159 shares	42,770,897	36,706,159
	LOOMIS HIGH YIELD FULL DESCRET	855,963 shares	15,782,040	24,848,604
	WCM FOCUSED INTL GROWTH FUND	11,633,997 shares	6,763,996	11,633,997
	WELLINGTON CHINA SELECT	9,657,230 shares	17,000,000	9,657,230
	WELLINGTON CIF II GLOBAL	3,418,870 shares	51,164,943	70,326,161
	WELLS CAPITAL CEF	79,094 shares	6,856,409	11,017,987
	WTC CIF SM CAP 2000	486,890 shares	3,532,287	12,878,248
	Total common/collective trusts		360,361,588	415,889,792
*	Party-in-interest as defined by ERISA.			

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

EIN: 34-0714775

Plan Number: 333

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

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including par or maturity collateral, or maturity date	(d) Cost	(e) Current value
	Alternative investments:			
	AACP TAX-EXEMPT INV VI ERISA	6,155,848 units	\$ 5,660,240	6,155,848
	AACP TAX-EXEMPT INVESTORS V	15,607,923 units	13,152,922	15,607,923
	AG CORE PLUS REALTY FD III LP	295 units	1,630,861	295
	AG CORE PLUS REALTY FUND IV LP	1,510,091 units	2,077,723	1,510,091
	AG REALTY VALUE FUND X	2,355,060 units	2,271,078	2,355,060
	ALMANAC REALTY SEC VIII LP	6,131,083 unit	5,893,351	6,131,083
	ALMANAC REALTY SECURITIES V LP	1,094 units	119,149	1,094
	ALMANAC REALTY SECURITIES VI	982,401 units	1,507,886	982,401
	ALMANAC REALTY SECURITIES VII	2,696,718 units	2,679,574	2,696,718
	APOLLO INVESTMENT FUND VIII LP	1,024,900 units	1,948,108	1,024,900
	ARES SR DIR LDG CAYMAN III LP	2,453,090 units	2,382,519	2,453,090
	ASIA ALTER DELAWARE VI ERISA	414,719 units	332,119	414,719
	ASIA ALTER DELWR V ERISA LP	1,149,999 units	743,783	1,149,999
	BAYVIEW OPP OFFSHORE FD IVB LP	26,407 units	3,821	26,407
	BIOPHARMA CREDIT INVEST V LP	6,423,832 units	6,423,832	6,423,832
	BLACKSTONE RE PARTNERS X LP	2,366,688 units	2,117,201	2,366,688
	BLACKSTONE REAL ESTATE IX	9,842,053 units	8,276,527	9,842,053
	BLUE OWL GP STAKES IV OFFSHR	11,074,164 units	6,519,042	11,074,164
	CARLYLE US EQUITY OPP FD II LP	4,360,177 units	2,825,597	4,360,177
	CENTERGATE CAPITAL PARTNERS II	1,540,690 units	1,474,679	1,540,690
	CHATHAM ASSET HIGH YIELD	13,874,342 units	7,532,562	13,874,342
	DAVIDSON KEMPNER	12,320,395 units	11,258,910	12,320,395
	DAVIDSON KEMPNER INST PARTNERS	23,225,270 units	20,000,000	23,225,270
	DRA GROWTH AND INCOME FUND X	9,254,800 units	8,610,750	9,254,800
	DRA GROWTH AND INCOME VIII	908,906 units	5,104,753	908,906
	EAGLE HEALTH INVEST OFFSHORE	22,718,461 units	18,000,000	22,718,461
	FPA CORE PLUS FUND III LP	21,342,612 units	14,979,224	21,342,612
	GLOUSTON PRIVATE EQUITY OPP IV	499,097 units	943,316	499,097
	H2 SPECIAL OPP III LP	2,444,074 units	3,586,664	2,444,074
	H2 SPECIAL OPPORTUNITIES IV LP	4,994,314 units	4,311,091	4,994,314
	HEADLINE US VII LP	1,617,791 units	1,594,327	1,617,791
	HIG ADVANTAGE BUYOUT FD LP	15,968,842 units	12,106,318	15,968,842
	HUDSON BAY INTERNATIONAL	26,107,018 units	22,390,863	26,107,018
	INSTITUTIONAL VENTURE PARTNERS	1,706,012 units	3,032,144	1,706,012
	INSTITUTIONAL VENTURE PTNRS XV	5,081,514 units	2,992,963	5,081,514
	INSTL VENTURE PTNRS XVI LP	7,630,260 units	5,341,482	7,630,260
	JMI EQUITY FUND XI-B LP	4,302,970 units	3,522,753	4,302,970
	KPS SPEC SITUATIONS FD VI LP	1,253,181 units	1,253,181	1,253,181
	LONE STAR FUND VI U S LP	2,838 units	—	2,838
	LONE STAR REAL ESTATE FUND II	6,312 units	—	6,312
	MAI CAP INCOME AND GROWTH FD	3,150,993 units	4,117,797	3,150,993
	MONARCH CAP PTNRS OFFSHORE IV	4,005,370 units	—	4,005,370
	MOUNT KELLETT CAP PTNRS CAYMAN	281,233 units	1,228,027	281,233
	MVM VI LP	2,190,017 units	1,819,322	2,190,017
	ORIGAMI OPP FUND IV OFFSHORE	12,215,549 units	9,510,302	12,215,549
	PARTHENON INVESTORS VII LP	573,085 units	552,696	573,085
	PEPPERTREE CAPITAL FUND X LP	2,159,319 units	1,914,656	2,159,319
	PINEBRIDGE CO II FEEDER	537,183 units	1,106,994	537,183
	PPC III LP	10,922,148 units	7,609,939	10,922,148
	PRIMUS CAPITAL FUND VIII LP	1,994,493 units	1,653,250	1,994,493
	SOCORRO DYNAMIC OPP FD	9,327,220 units	9,000,000	9,327,220
	STEPSTONE VC GLOBAL PTNS IX-B	7,960,745 units	5,402,305	7,960,745
	STG VII LP	273,399 units	273,399	273,399
	TA XII B LP	6,237,929 units	2,987,177	6,237,929
	TA XIII-B LP	6,101,296 units	3,632,067	6,101,296
	TELEGRAPH HILL PTNS V LP	2,533,120 units	2,130,293	2,533,120
	TORCHLIGHT DEBT OPP FD IV LP	363,164 units	2,054,088	363,164
	TORCHLIGHT DEBT OPP FUND V LP	662,925 units	1,180,923	662,925
	TRANCHE C 3 SERIES 09 18	861,692 units	861,692	104,179
	USAA EAGLE RE FUND	15,997,301 units	14,322,125	15,997,301
	VALINOR CAP PARTNERS OFFSHORE	99,838 units	1,113,023	99,838
	VERSANT VANTAGE III LP	176,435 units	173,987	176,435
	VERSANT VENTURE CAPITAL IX LP	272,594 units	285,414	272,594
	VERSANT VOYAGEURS III LP	80,228 units	84,963	80,228
	WELLINGTON GLOBAL EQUITY	18,705,402 units	11,218,930	18,705,402
	Total alternative investments		298,834,682	358,301,406
	Total investments		\$ 806,503,064	888,905,593

* Party-in-interest as defined by ERISA.

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

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500) –2024 Plan Year
 University Hospitals Health System, Inc. Retirement Plan
 EIN: 34-0714775 PN: 333

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 52,148,455	January 1, 2020	11	\$ 5,939,005
Shortfall	\$ (8,949,519)	January 1, 2021	12	\$ (954,781)
Shortfall	\$ (43,179,177)	January 1, 2022	13	\$ (4,344,615)
Shortfall	\$ 39,625,325	January 1, 2023	14	\$ 3,781,951
Shortfall	\$ 33,859,288	January 1, 2024	15	\$ 3,080,529

Schedule SB Attachment (Form 5500) —2024 Plan Year
University Hospitals Health System, Inc. Retirement Plan
EIN: 34-0714775 PN: 333

Schedule SB, line 24—Change in Actuarial Assumptions

Assumption Changes

The funding valuation reflects the following assumption changes:

- A change in the cash balance interest crediting rate from 2.30 percent to 2.50 percent.
- A change in the trust expenses included in Target Normal Cost from the prior year's actual plan administrative expenses, rounded to the nearest \$100,000, to the prior year's actual plan administrative expenses, adjusted for the change in PBGC premiums between the prior year and current year, rounded to the nearest \$100,000.

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