

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... [X] an amended return/report [] a short plan year return/report... C If the plan is a collectively-bargained plan, check here... [] D Check box if filing under: [X] Form 5558 [] automatic extension [] the DFVC program... [] special extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here... []

Part II Basic Plan Information—enter all requested information

1a Name of plan UNIVERSITY COMMUNITY HEALTH SYSTEM CONSOLIDATED PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 08/01/1972
2a Plan sponsor's name (employer, if for a single-employer plan) UNIVERSITY COMMUNITY HEALTH SYSTEM ADVENTHEALTH BENEFITS ADMINISTRATION COMMITTEE ADVENTHEALTH 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714
2b Employer Identification Number (EIN) 59-1113901
2c Plan Sponsor's telephone number 407-357-2043
2d Business code (see instructions) 622000

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1886
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)	458
	6a(2)	421
	6b	829
	6c	584
	6d	1834
	6e	0
	6f	1834
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 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 COMMUNITY HEALTH SYSTEM CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNIVERSITY COMMUNITY HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>59-1113901</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>100797093</u>	
b Actuarial value	2b	<u>108155180</u>	
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	<u>816</u>	<u>59503192</u>	<u>59503192</u>
b For terminated vested participants	<u>612</u>	<u>20684770</u>	<u>20684770</u>
c For active participants	<u>458</u>	<u>22629307</u>	<u>22629307</u>
d Total	<u>1886</u>	<u>102817269</u>	<u>102817269</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>5.09 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>700000</u>	
c Target normal cost	6c	<u>700000</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>09/25/2025</u> Date
	<u>DAVID T. EHR</u> Type or print name of actuary	<u>23-07571</u> Most recent enrollment number
	<u>PWC US CONSULTING LLP</u> Firm name	<u>312-298-2000</u> Telephone number (including area code)
	<u>ONE NORTH WACKER CHICAGO, IL 60606</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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.03</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		6229143
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>5.22</u> %		325161
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		6554304
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	105.19 %
15	Adjusted funding target attainment percentage	15	105.19 %
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	95.23 %
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	
Totals ▶			18(b)	0	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 0	
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 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 700000
b Excess assets, if applicable, but not greater than line 31a				31b 700000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment				
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input 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 COMMUNITY HEALTH SYSTEM CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY COMMUNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 59-1113901	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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94-1687665

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

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

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

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

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94-1687665

(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 50 51 52 62	TRUSTEE	236743	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

PRICEWATERHOUSECOOPERS LLP

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	195354	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)

MILLIMAN

1301 FIFTH AVENUE
SUITE 3800
SEATTLE, WA 98101

(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	CONSULTANT	37756	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)

PKF O'CONNOR DAVIES LLP

27-1728945

(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	AUDITOR	35177	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)

SMITH & DOWNEY

320 E. TOWSONTOWN BLVD, SUITE 1E
BALTIMORE, MD 21286

(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	29251	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF AMERICA MERRILL LYNCH	62	0

(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.
BANK OF AMERICA MERRILL LYNCH 96-1687665	FLOAT BASED ON FEDERAL FUND RATE.

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan UNIVERSITY COMMUNITY HEALTH SYSTEM CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY COMMUNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 59-1113901

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)	9034000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	713846	1122392
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2187067	1694798
(2) U.S. Government securities	1c(2)	2825683	5128602
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	33121079	43145710
(B) All other	1c(3)(B)	25960860	41381409
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4347214	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	22908450	0
(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	101098199	92472911
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	101098199	92472911

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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	103449	
(B) U.S. Government securities.....	2b(1)(B)	110145	
(C) Corporate debt instruments.....	2b(1)(C)	3016642	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3230236
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	60803	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		60803
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	172848947	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	170924774	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-4985328	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		165166
d Total income. Add all income amounts in column (b) and enter total	2d		395050

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8208834	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8208834
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	35177	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	236743	
(7) Actuarial fees	2i(7)	195354	
(8) Legal fees	2i(8)	29251	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	314979	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		811504
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9020338

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-8625288
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: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728945

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		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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 556940.

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 COMMUNITY HEALTH SYSTEM CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY COMMUNITY HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>59-1113901</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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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): 94-1687665

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	30
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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.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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.
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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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 98.1%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 1.9% Other: _____%

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 _____.

ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS

Schedule H, Line 3

PLAN NAME: UNIVERSITY COMMUNITY HEALTH SYSTEM CONSOLIDATED PENSION
PLAN

EIN: 59-1113901

PLAN NUMBER: 001

University Community Health System – University Community Health System Consolidated
Pension Plan Financial Statements, 12/31/2024.

**University Community Health System
Consolidated Pension Plan**

Financial Statements

December 31, 2024 and 2023

Independent Auditors' Report

**To the AdventHealth
Benefits Administration Committee of the
University Community Health System
Consolidated Pension Plan**

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

We have performed audits of the accompanying financial statements of the University Community Health System Consolidated Pension 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 statement of accumulated plan benefits as of January 1, 2024, and the related statement of changes in accumulated plan benefits for the year 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 (a "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 4 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

**To the AdventHealth
Benefits Administration Committee of the
University Community Health System
Consolidated Pension Plan**
Page 2

Basis for Opinion

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

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

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

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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

Auditors' Responsibilities for the Audit of the Financial Statements (*continued*)

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

The supplemental schedules of: (1) Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 and (2) Schedule H, Part IV, 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 auditing procedures applied in the audits of the financial statements and to certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including 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, is 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 a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PKF O'Connor Davies, LLP

October 15, 2025

**University Community Health System
Consolidated Pension Plan**

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
ASSETS		
Investments		
Corporate bonds	\$ 80,410,326	\$ 54,224,954
Common stocks	-	4,347,214
U.S. government and agency obligations	5,128,602	2,825,683
Foreign bonds	4,116,793	4,856,985
Mutual funds	1,694,784	25,095,517
Cash equivalents	14	-
Total Investments	91,350,519	91,350,353
Receivables		
Employer contributions receivable	-	9,034,000
Accrued income receivable	1,122,392	713,846
Total Receivables	1,122,392	9,747,846
Total Assets	92,472,911	101,098,199
LIABILITIES	-	-
Net Assets Available for Benefits	\$ 92,472,911	\$ 101,098,199

**University Community Health System
Consolidated Pension Plan**

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2024	2023
ADDITIONS		
Investment Income		
Interest and dividend income	\$ 3,291,039	\$ 3,044,723
Net appreciation (depreciation) in fair value of investments	(2,895,989)	7,090,582
Total Investment Income	395,050	10,135,305
 Employer contributions	-	9,034,000
 Total Additions	395,050	19,169,305
 DEDUCTIONS		
Benefits paid to participants	8,208,834	8,909,728
Administrative expenses	811,504	1,711,664
 Total Deductions	9,020,338	10,621,392
 Net Increase (Decrease)	(8,625,288)	8,547,913
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	101,098,199	92,550,286
 End of year	\$ 92,472,911	\$ 101,098,199

See notes to financial statements

**University Community Health System
Consolidated Pension Plan**

Statement of Accumulated Plan Benefits
January 1, 2024

Vested Benefits	
Active employees	\$ 64,243,940
Participants with deferred benefits	17,046,061
Participants receiving benefits	<u>23,539,795</u>
Total Vested Benefits	104,829,796
Non-vested benefits	<u>-</u>
 Total Actuarial Present Value of Accumulated Plan Benefits	 <u><u>\$ 104,829,796</u></u>

Statement of Changes in Accumulated Plan Benefits
Year Ended January 1, 2024

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 108,753,772</u>
Increase (decrease) during the year attributable to:	
Net benefits accumulated including actuarial gains and losses	(227,435)
Increase for interest due to the decrease in the discount period	5,217,554
Benefits paid	<u>(8,914,095)</u>
Net Decrease	<u>(3,923,976)</u>
 Actuarial present value of accumulated plan benefits at end of year	 <u><u>\$ 104,829,796</u></u>

University Community Health System Consolidated Pension Plan

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan

The following description of the University Community Health System Consolidated Pension 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.

General

The Plan is a defined benefit plan for eligible employees of the University Community Hospital, Inc. (the "Corporation"). As of December 31, 2015 the Florida Hospital North Pinellas adopted the Plan as a participating employer and the Helen Ellis Pension Plan was merged into the Plan. Although the Plan is eligible to qualify as a church plan, the AdventHealth Benefits Administration Committee made an election on August 12, 2015 under section 410(d) of the Internal Revenue Code ("IRC") to have the Plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA") and those provisions of the IRC to which the Plan would otherwise be exempt as a church plan. Therefore, the Plan is subject to the provisions of ERISA effective with the Plan year beginning January 1, 2016.

Eligibility and Vesting

The Corporation amended the Plan to freeze and cease all benefit accruals, effective July 31, 2009 and January 14, 2006 for the Helen Ellis Pension Plan. The amendment also contained a provision whereby no future employees can be added to the Plan.

Contributions

The Corporation's funding policy is to make contributions to the Plan to meet the minimum funding requirements, as determined by the Plan's independent actuary. No voluntary employee contributions are permitted. The Plan is in compliance with applicable ERISA minimum funding requirements for the Plan years ended December 31, 2024 and 2023.

Pension Benefits

Participants may elect early retirement on or after attainment of age 55 with ten years of service for those employees that were previously employed by University Community Hospital and fifteen years for employees that were previously employed by Helen Ellis Memorial Hospital. Normal retirement is age 65 or fifth anniversary of initial participation in the Plan, whichever is later.

Benefits are received at normal retirement age or, if elected, at early retirement. Benefits are determined under the retirement benefit formula specified in the Plan document and are based upon years of service and compensation. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on his or her normal retirement date in the amount of his or her accrued benefit. Participants receive their distributions, subject to certain plan provisions, in the form of an annuity.

If the participant's vested accrued benefit is less than \$7,000, the participant will receive a direct rollover distribution to an individual retirement account.

**University Community Health System
Consolidated Pension Plan**

Notes to Financial Statements
December 31, 2024 and 2023

1. Description of Plan (continued)

Pension Benefits (continued)

If a vested participant becomes disabled before retirement, the participant will receive benefit payments at the time he or she would have reached normal retirement based on the participant's compensation preceding disability, unless he or she elects to begin receiving retirement benefits after reaching age 55. If a vested participant dies before retirement, his or her beneficiary is entitled to a death benefit, subject to certain Plan provisions.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, disclosure of contingent assets and liabilities, the reported amounts of additions and deductions of net assets available for benefits during the reporting period, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on Fair Value Measurements which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Investment Valuation and Income Recognition

Investments in marketable equity securities (consisting of common stocks and mutual funds), are valued based on quoted market prices in active markets.

Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price.

The cash equivalents are money market funds that invest mainly in U.S. Treasury securities and are valued at cost plus accrued interest.

**University Community Health System
Consolidated Pension Plan**

Notes to Financial Statements
December 31, 2024 and 2023

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

Fair value estimates for the Plan's fixed income securities (consisting of corporate bonds, U.S. government and agency obligations and foreign bonds) are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates cannot be substantiated by comparison to independent markets.

In addition, the disclosed fair value may not be realized in the immediate settlement of the financial asset and does not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset.

The classification of investments in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment or underlying assets and liabilities of such investment.

Purchases and sales of securities are recorded on a trade-date basis. Gains or losses on sales of securities are calculated on the average cost basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments are recorded when paid.

Reclassifications

Certain prior year amounts have been reclassified to conform with the current year presentation.

Administrative and Investment Expenses

Certain expenses of maintaining the Plan are paid by the Corporation and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Subsequent Events Evaluation by Management

The Plan has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is October 15, 2025.

**University Community Health System
Consolidated Pension Plan**

Notes to Financial Statements
December 31, 2024 and 2023

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered through the date the Plan was frozen or the date of their termination, whichever occurred earlier.

Accumulated plan benefits are expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died; and (c) present employees vested in the Plan or to their beneficiaries.

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

The significant actuarial assumptions used in the valuation as of January 1, 2024 are as follows:

Discount Rate:	5.00%
Mortality Rates:	Pri-2012 Dataset Mortality table projected forward with Scale MP-2021 on a fully generational basis.

The Plan's assumptions for the January 1, 2024, valuation have remained consistent from the assumptions used in the January 1, 2023 valuation.

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

4. Information Certified (Unaudited)

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions, including investments held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Bank of America, N.A., a qualified institution.

**University Community Health System
Consolidated Pension Plan**

Notes to Financial Statements
December 31, 2024 and 2023

5. Investments

The following are major categories of investments measured at fair value grouped by the fair value hierarchy as of December 31:

	2024		
	Level 1	Level 2	Total
Corporate bonds	\$ -	\$ 80,410,326	\$ 80,410,326
U.S. government and agency obligations	-	5,128,602	5,128,602
Foreign bonds	-	4,116,793	4,116,793
Mutual funds	<u>1,694,784</u>	<u>-</u>	<u>1,694,784</u>
	<u>\$ 1,694,784</u>	<u>\$ 89,655,721</u>	<u>\$ 91,350,505</u>
	2023		
	Level 1	Level 2	Total
Corporate bonds	\$ -	\$ 54,224,954	\$ 54,224,954
Common stocks	4,347,214	-	4,347,214
U.S. government and agency obligations	-	2,825,683	2,825,683
Foreign bonds	-	4,856,985	4,856,985
Mutual funds	<u>25,095,517</u>	<u>-</u>	<u>25,095,517</u>
	<u>\$ 29,442,731</u>	<u>\$ 61,907,622</u>	<u>\$ 91,350,353</u>

6. Parties-in-Interest

Certain Plan investments are managed by Bank of America, N.A. Bank of America, N.A. is the trustee of the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

The Plan pays Pension Benefit Guaranty Corporation (“PBGC”) fees and trustee fees, and therefore, these transactions qualify as exempt party-in-interest transactions under ERISA. Fees paid by the Plan amounted to \$811,504 and \$1,711,664 for the years ended December 31, 2024 and 2023, respectively.

Certain employees of the Employer perform administrative services related to the operation and financial reporting of the Plan at no cost to the Plan.

University Community Health System Consolidated Pension Plan

Notes to Financial Statements
December 31, 2024 and 2023

7. Income Tax Status

The Internal Revenue Service (“IRS”) has determined and informed the Plan administrator by a letter dated October 21, 2015, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (“IRC”). The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine examinations by taxing jurisdictions for periods since 2020; however, there are currently no examinations for any tax periods in progress.

8. Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and or to terminate the Plan subject to the provisions of 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 beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- b. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations (discussed below).
- c. All other vested benefits (that is, 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 disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of the individual’s monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024 that ceiling is \$6,750 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are 65 years old at the time of retirement or plan termination (whichever comes later).

**University Community Health System
Consolidated Pension Plan**

Notes to Financial Statements
December 31, 2024 and 2023

8. Plan Termination (*continued*)

For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceiling is actuarially adjusted downward.

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

9. Risks and Uncertainties

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

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risk. 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 change could materially affect the amounts reported in the statements of net assets available for benefits.

* * * * *

**University Community Health System
Consolidated Pension Plan**

Supplemental Schedules

December 31, 2024

**University Community Health System
Consolidated Pension Plan**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 59-1113901
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
SHARES				
U.S. GOVERNMENT AND AGENCY OBLIGATIONS				
	U.S. Treasury Prin Strip	800,000 Stripped Due 2/15/2049	\$ 446,508	\$ 246,504
	U.S. Treasury Prin Strip	525,000 Stripped Due 8/15/2050	211,377	151,678
	U.S. Treasury Prin Strip	400,000 Stripped Due 2/15/2051	207,724	113,356
	U.S. Treasury Prin Strip	415,000 Stripped Due 8/15/2052	127,002	111,631
	U.S. Treasury Prin Strip	375,000 Stripped Due 11/15/2052	127,928	101,235
	U.S. Treasury Bond	950,000 3.750% Due 8/15/2041	930,484	835,696
	U.S. Treasury Bond	1,075,000 2.750% Due 8/15/2042	898,305	807,626
	U.S. Treasury Bond	670,000 4.250% Due 2/15/2054	700,202	611,208
	U.S. Treasury Note	255,000 2.750% Due 8/15/2032	240,447	226,142
	U.S. Treasury Note	590,000 3.125% Due 8/31/2029	580,339	558,842
	U.S. Treasury Note	1,485,000 3.375% Due 5/15/2033	1,456,413	1,364,684
	Total U.S. Government and Agency Obligations		<u>5,926,729</u>	<u>5,128,602</u>
CORPORATE BONDS				
	AEP Transmission Co LLC	400,000 4.500% Due 6/15/2052	403,956	331,124
	AT&T Inc	900,000 4.500% Due 5/15/2035	857,538	832,392
	AT&T Inc	675,000 3.500% Due 9/15/2053	496,760	454,504
	Abbott Laboratories	900,000 4.900% Due 11/30/2046	1,238,808	840,087
	Abbvie Inc	565,000 4.500% Due 5/14/2035	655,661	529,111
	Abbvie Inc	555,000 5.500% Due 3/15/2064	596,558	529,886
	Ace INA Holdings	315,000 4.350% Due 11/3/2045	277,799	268,335
	Alphabet Inc	1,030,000 2.050% Due 8/15/2050	647,582	570,723
	Amazon.com Inc	295,000 2.700% Due 6/3/2060	186,688	169,226
	American Honda Finance	755,000 4.850% Due 10/23/2031	751,957	738,692
	American Intl Group	980,000 4.375% Due 6/30/2050	876,252	809,881
	American Tower Corp	760,000 1.875% 10/15/2030	610,568	636,864
	Amgen Inc	500,000 4.400% Due 2/22/2062	420,090	388,115
	Amgen Inc	560,000 5.650% Due 3/2/2053	592,519	539,151
	Anheuser-Busch Co/Inbev	535,000 4.900% Due 2/1/46	498,767	486,512
	Anheuser-Busch Inbev Wor	455,000 5.800% Due 1/23/2059	494,285	463,312
	Anthem Inc	350,000 3.600% Due 3/15/2051	274,932	243,509
	Aon Corp/Aon Global Hold	450,000 3.900% Due 2/28/2052	413,910	330,129
	Apple Inc	450,000 4.650% Due 2/23/2046	482,540	411,430
	Apple Inc	670,000 3.250% Due 2/23/2026	643,401	661,919
	Astrazeneca Finance LLC	800,000 4.875% Due 3/3/2028	820,120	804,704
	Bank of NY Mellon Corp	635,000 Var % Due 10/25/2033	689,921	657,618
	BP Cap Markets America Company	555,000 2.721% Due 1/12/2032	498,551	474,913
	Bristol-Myers Squibb Co	470,000 3.550% Due 3/15/2042	396,017	363,310
	Broadcom Inc	1,200,000 4.300% Due 11/15/2032	1,256,406	1,131,768
	Burlingtn North Santa Fe	500,000 3.550% Due 2/15/2050	558,325	361,290
	Cigna Corp	600,000 4.900% Due 12/15/2048	593,814	510,822
	CVS Health Corp	900,000 5.050% Due 3/25/2048	1,049,024	742,095
	CVS Health Corp	375,000 6.000% Due 6/1/2063	383,805	342,015
	Campbell Soup Co	515,000 5.400% Due 3/21/2034	542,146	512,419
	Capital One Financial Co	745,000 Var % Due 6/8/2029	786,839	769,287
	Carrier Global Corp	515,000 6.200% Due 3/15/2054	599,738	544,463
	Caterpillar Inc	1,180,000 1.900% Due 3/12/2031	953,624	1,001,619
	Chevron Corp	595,000 3.078% Due 5/11/2050	434,064	393,509
	Citigroup Inc	810,000 Var % Due 1/10/2028	766,932	793,994
	Comcast Corp	1,100,000 3.969% Due 11/1/2047	1,302,248	833,558
	Comcast Corp	610,000 2.987% Due 11/1/2063	385,752	344,271
	Conagra Brands Inc	550,000 5.300% Due 11/1/2038	514,811	516,747
	Con Edison Co of NY Inc	450,000 3.000% Due 12/1/2060	401,426	264,857
	Carry Forward		24,354,134	21,598,161

**University Community Health System
Consolidated Pension Plan**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 59-1113901
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		SHARES		
	Brought Forward		\$ 24,354,134	\$ 21,598,161
	Constellation Brands Inc	765,000 4.800% Due 1/15/2029	781,356	760,402
	Crown Castle Intl Corp	1,230,000 2.900% Due 4/1/2041	1,067,309	855,539
	DTE Electric Co	280,000 5.400% Due 4/1/2053	282,834	271,513
	John Deer Capital Corp	1,120,000 2.450% Due 1/9/2030	990,864	1,007,149
	Dell Int LLC/EMC Corp	495,000 3.375% Due 12/15/2041	362,835	364,186
	Devon Energy Corporation	600,000 5.600% Due 7/15/2041	582,558	554,550
	Dollar General Corp	300,000 4.125% Due 4/3/2050	252,024	220,572
	DOW Chemical	760,000 4.375% Due 11/15/2042	652,988	623,436
	Dow Dupont Inc	438,000 5.319% Due 11/15/2038	467,850	439,296
	Duke Energy Corp	555,000 5.450% Due 6/15/2034	582,217	554,106
	Duke Energy Progress LLC	700,000 4.000% Due 4/1/2052	695,247	534,961
	Eaton Corp	560,000 4.700% Due 8/23/2052	544,897	492,526
	Elevance Health Inc	485,000 4.750% Due 2/15/2033	492,382	464,858
	Energy Transfer Partners	500,000 6.500% Due 2/1/2042	501,255	517,795
	Energy Transfer LP	475,000 6.050% Due 12/1/2026	492,779	485,170
	Energy Transfer Partners	275,000 6.000% Due 6/15/2048	259,212	265,625
	Entergy Louisiana LLC	200,000 4.750% Due 9/15/2052	188,616	172,280
	Enterprise Products Oper	800,000 3.700% Due 1/31/2051	843,138	573,192
	Enterprise Products Oper	385,000 4.850% Due 1/31/2034	391,876	372,395
	Exelon Corp	375,000 4.700% Due 4/15/2050	477,724	316,421
	Exelon Corp	300,000 5.300% Due 3/15/2033	297,933	299,280
	Exelon Corp	470,000 5.450% Due 3/15/2034	494,750	468,910
	Exxon Mobil Corporation	900,000 4.327% Due 3/19/2050	1,036,080	740,151
	Meta Platforms Inc	270,000 5.600% Due 5/15/2053	295,153	269,933
	Meta Platforms Inc	705,000 5.750% Due 5/15/2063	717,648	711,874
	Fifth Third Bancorp	810,000 Var % Due 10/27/2028	856,162	837,508
	Fiserv Inc	505,000 5.450% Due 3/2/2028	510,505	512,964
	Florida Power Light Co	500,000 2.875% Due 12/4/2051	362,345	312,515
	General Motors Co	150,000 5.950% Due 4/1/2049	143,805	141,698
	Goldman Sachs Group Inc	375,000 6.750% Due 10/1/2037	477,921	401,460
	Goldman Sachs Group Inc	525,000 6.250% Due 2/1/2041	673,525	552,652
	HCA Inv	875,000 3.500% Due 9/1/2030	772,695	794,675
	HCA Inv	360,000 6.000% Due 4/1/2054	382,518	342,940
	HP Enterprise Co	515,000 4.900% Due 10/15/2025	509,417	514,959
	HP Enterprise Co	250,000 Step % Due 10/15/2045	366,318	259,455
	HP Enterprise Co	305,000 5.600% Due 10/15/2054	302,069	287,097
	Home Depot Inc	490,000 5.875% Due 12/16/2036	544,758	515,260
	Home Depot Inc	500,000 3.125% Due 12/15/2049	554,335	334,720
	Home Depot Inc	590,000 3.300% Due 4/15/2040	472,631	459,663
	IBM Corp	800,000 4.250% Due 5/15/2049	724,552	642,288
	Jpmorgan Chase & Co	1,145,000 Var % Due 7/24/2038	981,288	976,903
	Keurig Dr Pepper Inc	600,000 4.500% Due 4/15/2052	538,483	493,260
	Kinder Morgan Inc/Delawa	380,000 5.400% Due 2/1/2034	390,788	374,205
	Kinder Morgan Inc/Delawa	350,000 5.550% Due 6/1/2045	451,724	327,110
	Kinder Morgan Inc/Delawa	505,000 5.450% Due 8/1/2052	497,107	459,176
	Kraft Heinz Foods Co	740,000 5.200% Due 7/15/2045	713,585	668,642
	Kroger Co	585,000 5.000% Due 9/15/2034	591,488	566,578
	Kroger Co	525,000 5.650% Due 9/15/2064	520,112	492,692
	LYB Int Finance III	500,000 3.625% Due 4/1/2051	389,665	335,730
	Lockheed Martin Corp	400,000 4.300% Due 6/15/2062	391,061	317,100
	Louisville Gas & Elec	905,000 4.250% Due 4/1/2049	817,179	718,986
	Lowe's Cos Inc	350,000 5.800% Due 9/15/2062	367,493	338,737
	MPLX LP	600,000 5.200% Due 3/1/2047	711,153	532,680
	Carry Forward		53,120,341	47,445,934

**University Community Health System
Consolidated Pension Plan**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 59-1113901
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		SHARES		
	Brought Forward		\$ 53,120,341	\$ 47,445,934
	Marsh & McLennan Cos Inc	500,000 4.900% Due 3/15/2049	487,215	447,680
	Mcdonald's Corp	700,000 3.625% Due 9/1/2049	737,958	504,623
	Merck & Co Inc	1,000,000 2.350% Due 6/24/2040	808,762	676,940
	Metlife Inc	740,000 4.875% Due 11/13/2043	731,890	671,846
	Microsoft Corp	1,140,000 2.525% Due 6/1/2050	785,870	701,556
	Micron Technology Inc	640,000 3.366% Due 11/1/2041	496,346	467,539
	Micron Technology Inc	670,000 3.477% Due 11/1/2051	487,787	452,290
	Morgan Stanley	1,030,000 4.375% Due 1/22/2047	935,562	860,143
	Morgan Stanley	490,000 Var % Due 4/22/2042	397,513	362,272
	National Rural Util Coop	575,000 4.800% Due 3/15/2028	589,651	576,006
	National Rural Util Coop	595,000 5.800% Due 1/15/2033	633,830	615,516
	Netflix Inc	540,000 5.375% Due 5/15/2029	592,142	572,308
	Netflix Inc	285,000 4.90% Due 8/15/2034	296,166	279,101
	Nextera Energy Capital	565,000 3.000% Due 1/15/2052	366,844	353,001
	Nextera Energy Capital	490,000 5.250% Due 2/28/2053	493,998	449,717
	Nisource Inc	640,000 3.600% Due 5/1/2030	586,938	596,986
	Nisource Inc	200,000 5.000% Due 6/15/2052	207,180	176,946
	Norfolk Southern Corp	675,000 3.950% Due 10/1/2042	563,180	542,369
	Northern States PWR- Minn	400,000 4.500% Due 6/1/2052	379,368	335,548
	Nucor Corp	430,000 4.400% Due 5/1/2048	374,109	358,040
	Oneok Partners LP	350,000 6.200% Due 9/15/2043	360,967	349,059
	Oracle Corp	1,100,000 4.300% Due 7/8/2034	1,013,452	1,011,186
	PNC Bank NA	814,000 3.250% Due 6/1/2025	790,608	808,750
	Paccar Financial Corp	610,000 4.600% Due 1/10/2028	617,942	608,847
	Parker-Hannifin Corp	775,000 4.250% Due 9/15/2027	763,832	766,832
	Pepsico Inc	365,000 3.875% Due 3/19/2060	315,732	273,962
	Philip Morris Intl Inc	750,000 5.125% Due 11/17/2027	774,315	759,023
	Public Storage	565,000 5.350% Due 8/1/2053	589,052	537,061
	Qualcomm Inc	300,000 4.300% Due 5/20/2047	276,216	247,845
	Regions Financial Corp	920,000 2.250% Due 5/18/2025	871,032	910,745
	Republic Services Inc	475,000 5.700% Due 5/15/2041	463,106	474,387
	Charles Schwab Corp	1,065,000 .900% Due 3/11/2026	954,165	1,018,843
	Sempra Energy	150,000 4.000% Due 2/1/2048	136,886	113,412
	Simon Property Group LP	655,000 2.650% Due 7/15/2030	603,078	582,983
	Southern Co	650,000 4.400% Due 7/1/2046	654,056	537,609
	Starbucks Corp	195,000 3.550% Due 8/15/2029	186,933	184,614
	Synchrony Financial	625,000 2.875% Due 10/28/2031	492,756	518,019
	T-Mobile USA Inc	850,000 4.500% Due 4/15/2050	761,082	696,941
	T-Mobile USA Inc	545,000 3.300% Due 2/15/2051	397,817	359,449
	Target Corp	350,000 4.000% Due 7/1/2042	302,078	292,597
	Targa Resources Partners	660,000 6.150% Due 3/1/2029	706,233	685,047
	Thermo Fisher Scientific	710,000 5.300% Due 2/1/2044	728,510	677,958
	Thermo Fisher Scientific	350,000 4.100% Due 8/15/2047	305,981	283,962
	Toyota Motor Credit Corp	700,000 3.375% Due 4/1/2030	640,122	648,473
	Truist Financial Corp	815,000 Var % Due 7/28/2026	803,566	811,830
	Union Pacific Corp	565,000 3.950% Due 9/10/2028	561,090	549,796
	Union Pac Corp	700,000 2.973% Due 9/16/2062	415,856	402,759
	United Parcel Service	400,000 6.200% Due 1/15/2038	462,568	428,508
	US Bancorp	910,000 1.450% Due 5/12/2025	848,602	899,590
	United Technologies Corp	725,000 4.125% Due 11/16/2028	705,730	705,657
	Unitedhealth Group	625,000 5.800% Due 3/15/2036	691,850	644,794
	Unitedhealth Group Inc	650,000 6.050% Due 2/15/2063	777,004	663,709
	Verizon Communications	1,300,000 2.650% Due 11/20/2040	977,481	888,862
	Carry Forward		84,022,348	76,789,470

**University Community Health System
Consolidated Pension Plan**

Schedule Pursuant to Department of Labor Requirements
December 31, 2024

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

EIN #: 59-1113901
Plan #: 001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
		SHARES		
	Brought Forward		\$ 84,022,348	\$ 76,789,470
	Verizon Communications	510,000 3.700% Due 3/22/2061	388,809	345,816
	Virginia Elec & Power Co	825,000 4.650% Due 8/15/2043	768,482	723,500
	Virginia Elec & Power Co	375,000 4.625% Due 5/15/2052	387,791	315,608
	Walmart Inc	655,000 2.650% Due 9/22/2051	424,663	405,019
	Wells Fargo & Company	500,000 Var % Due 4/30/2041	395,655	363,780
	Wells Fargo & Company	200,000 Var % Due 4/25/2053	198,690	166,998
	Wells Fargo & Company	700,000 Var % Due 7/25/2033	654,190	676,039
	Williams Partners LP	600,000 6.300% Due 4/15/2040	<u>663,322</u>	<u>624,096</u>
	Total Corporate Bonds		<u>87,903,950</u>	<u>80,410,326</u>
	FOREIGN BONDS			
	USD BHP Finance USA	300,000 5.000% Due 9/30/2043	301,236	280,281
	USD Canadian Natl RR	450,000 4.400% Due 8/5/2052	377,091	376,367
	HSBC Holdings PLC	300,000 6.500% Due 9/15/2037	341,585	306,015
	Pfizer Investment Enter	560,000 5.300% Due 5/19/2053	571,609	524,339
	Pfizer Investment Enter	375,000 5.340% Due 5/19/2063	373,106	344,228
	Royal Bank of Canada	880,000 1.200% Due 4/27/2026	788,445	841,922
	Takeda Pharmaceutical	940,000 2.050% Due 3/31/2030	783,377	809,942
	Toronto-Dominion Bank	670,000 1.950% Due 1/12/2027	<u>605,626</u>	<u>633,699</u>
	Total Foreign Bonds		<u>4,142,075</u>	<u>4,116,793</u>
	MUTUAL FUNDS			
	FIMM TRSY ONLY PRT INSTL	179,376	179,376	179,376
	FIMM TRSY ONLY PRT INSTL	1,515,408	<u>1,515,408</u>	<u>1,515,408</u>
			<u>1,694,784</u>	<u>1,694,784</u>
	CASH EQUIVALENTS			
	Bank of America Temporary	14	14	14
	Total Assets (Held at End of Year)		<u>\$ 97,972,754</u>	<u>\$ 91,350,519</u>

* - Denotes a party-in-interest as defined by ERISA.

**University Community Health System
Consolidated Pension Plan**

Schedule Pursuant To Department Of Labor Requirements

Year Ended December 31, 2024

Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions

EIN #: 59-1113901
Plan #: 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain/ (Loss)
Category (iii) - Series of Transactions of the Same Security, in Aggregate, in Excess of 5% of the Current Value of the Plan Assets						
Fidelity Institutional	Money Market Portfolio Fund	\$ 79,521,415	\$ -	\$ 79,521,415	\$ 79,521,415	\$ -
Fidelity Institutional	Money Market Portfolio Fund	\$ -	\$ 80,013,697	\$ 80,013,697	\$ 80,013,697	\$ -
U.S. Treasury Bond	3.750% AUG 15 2041	\$ 7,145,135	\$ -	\$ 7,145,135	\$ 7,145,135	\$ -
U.S. Treasury Bond	3.750% AUG 15 2041	\$ -	\$ 6,004,064	\$ 6,214,651	\$ 6,214,651	\$ (210,587)
U.S. Treasury Bond	2.750% AUG 15 2042	\$ 9,389,196	\$ -	\$ 9,389,196	\$ 9,389,196	\$ -
U.S. Treasury Bond	2.750% AUG 15 2042	\$ -	\$ 8,407,917	\$ (8,490,890)	\$ (8,490,890)	\$ (82,973)
U.S. Treasury Bond	3.625% MAY 15 2053	\$ 2,320,185	\$ -	\$ 2,320,185	\$ 2,320,185	\$ -
U.S. Treasury Bond	3.625% MAY 15 2053	\$ -	\$ 2,383,651	\$ (2,320,185)	\$ (2,320,185)	\$ 63,466
U.S. Treasury Note	3.125% AUG 31 2029	\$ 5,282,071	\$ -	\$ 5,282,071	\$ 5,282,071	\$ -
U.S. Treasury Note	3.125% AUG 31 2029	\$ -	\$ 4,678,977	\$ (4,701,731)	\$ (4,701,731)	\$ (22,754)
U.S. Treasury Note	3.375% MAY 15 2033	\$ 5,928,632	\$ -	\$ 5,928,632	\$ 5,928,632	\$ -
U.S. Treasury Note	3.375% MAY 15 2033	\$ -	\$ 4,447,742	\$ (4,472,218)	\$ (4,472,218)	\$ (24,476)
Vanguard	Mid-Cap Etf	\$ 121,960	\$ -	\$ 121,960	\$ 121,960	\$ -
Vanguard	Mid-Cap Etf	\$ -	\$ 6,987,003	\$ (6,489,550)	\$ (6,489,550)	\$ 497,453
Vanguard	Small Cap	\$ 124,533	\$ -	\$ 124,533	\$ 124,533	\$ -
Vanguard	Small Cap	\$ -	\$ 5,972,756	\$ (5,726,578)	\$ (5,726,578)	\$ 246,178
Bank of America, N.A.	Temporary Overnight Deposit	\$ 25,013,917	\$ -	\$ 25,013,917	\$ 25,013,917	\$ -
Bank of America, N.A.	Temporary Overnight Deposit	\$ -	\$ 25,013,903	\$ 25,013,903	\$ 25,013,903	\$ -
Vanguard	Vanguard 500 Index Fund	\$ 3,527,469	\$ 7,258,173	\$ 6,331,853	\$ 6,331,853	\$ 926,320

There were no category (i) (ii) or (iv) reportable transactions during the year ended December 31, 2024.

See independent auditors' report

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Line 26a - Schedule of Active Participant Data

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2022

Attained Age	Under 1 year	1 to 4 years	5 to 9 years	10 to 14 years	15 to 19 years	20 to 24 years	25 to 29 years	30 to 34 years	35 to 39 years	Over 40 years	Total
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
<25											
25-29											
30-34											
35-39	1	7	4								12
40-44	1	10	11								22
45-49	5	14	17	5	1						42
50-54	15	14	26	27	12						94
55-59	15	22	23	24	21	2	1				108
60-64	21	24	37	19	17	5	3				126
65-69	3	8	12	9	7	4		2			45
70&Up		2	2	2	2			1			9
Total	61	101	132	86	60	11	4	3			458

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions for Funding Purposes (Continued)

Withdrawal (UCH Only)

Sample ultimate rates are shown below. Additional 60% in first year of service, 40% in second year of service, and 20% in third year of service, before age 45.

Assumed ultimate rates of turnover are as follows:

<i>Attained age</i>	<i>Rates</i>
20	10.00%
30	9.00%
40	7.00%
50	5.00%
60	3.00%

Retirement Age

Participants are assumed to retire at the later of age 65 or attained age.

Marriage

Marriage assumptions for former UCH and former HEMH differ:

Former UCH:

85% of active Participants are assumed to be the same age as the employee.

Former HEMH:

75% of active Participants are assumed to be married, wives being four years younger than their husbands.

Form of Payment

Benefits are paid in the normal annuity form applicable to the particular benefit.

To the extent that optional forms of payment are elected and conversions are determined under an actuarial basis that differs from the basis used in the valuation, gains, or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

B. Assumptions Rationale for Funding Purposes¹

Valuation Interest Rates	The interest rate assumptions used are prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Expected Investment Return	The expected return reflects the expected long-term return of various capital markets as determined by the plan sponsor and the asset allocation by investment class based on the investment policy established by the plan sponsor, offset by expected plan expenses to be paid from the trust.
Administrative Expenses	The assumed administrative expenses are based on expected expenses paid from the plan assets including PBGC Premiums
Spouse Assumptions	The percent married and spouse age difference assumptions are set based on the plan sponsor's historical experience and future expectations. This assumption is not expected to generate material actuarial gains or losses.
Retirement Rates	Retirement rates are set based on the plan sponsor's historical experience and future expectations with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Withdrawal Rates	Withdrawal rates for former HEMH and former UCH differ: <i>Former UCH:</i> Withdrawal rates are set based on the plan sponsor's historical experience and future expectations with periodic monitoring of observed gains and losses caused by termination patterns different than assumed. <i>Former HEMH:</i> Withdrawal rates are set based on the Actuary Pension Handbook by Crocker Sarason adjusted to reflect management expectations.
Disability Rates	Disability rates for former HEMH and former UCH differ: <i>Former UCH:</i> No disability is assumed as the termination due to disability is implicitly included in the retirement and withdrawal rates. This assumption is not expected to generate material actuarial gains or losses. <i>Former HEMH:</i> Disability rates are set based on the UAW Male Disability Table adjusted to reflect management expectations.

¹AdventHealth has determined and taken responsibility for the actuarial assumptions.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

B. Assumptions Rationale for Funding Purposes (Continued)¹

Form of Payment

The form of payment assumption is set based on the plan sponsor's best expectations given the plan provisions with periodic monitoring of observed gains and losses caused by form of payment election patterns different than assumed.

C. Actuarial Methods for Funding Purposes

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

2. Asset Valuation Method

Average of market values (adjusted for contributions, benefit/expense payments and expected investment returns) as of the valuation date and two prior valuation dates.

D. Assessment of Risk Associated with Measurement of Plan Obligations and Contributions

In accordance with Actuarial Standard of Practice No. 51 we have assessed the following risks related to the measurement of the Plan's obligations and determination of contributions:

- Investment risk
- Interest rate risk
- Asset/Liability mismatch risk
- Longevity and other demographic risks
- Contribution risk

Investment risk: *The potential that investment returns will be different than expected*

The Plan's investments are governed by an investment policy statement developed by the Retirement Committee and executed by the Plan's investment managers. The investment policy statement utilizes a liability driven investment approach that systematically reduces the equity exposure based on the Plan's funded status. This liability driven investment approach helps to reduce and monitor the investment related risks.

Interest rate risk: *The potential that interest rates will be different than expected.*

Funding valuations under ERISA are required to determine plan liabilities using interest rates based on investment-grade corporate bonds. The Plan's funding target is determined based on the 24-month average of segment rates, adjusted for the corridor around the 25-year average of segment rates under the Bipartisan Budget Act (BBA) of 2015. As the 25-year corridor widens beginning in 2021, the funding target will likely be determined based on the unadjusted 24-month average segment rates. The funding target and asset/liability mismatch will be impacted by the short term changes in interest rates.

The interest rates used to determine the PBGC liability are not affected by the 25-year corridor.

Future changes in the mandated interest rates will impact the asset/liability mismatch, minimum required contributions and PBGC variable rate premiums.

Asset/Liability mismatch risk: *The potential that changes in asset values are not matched by changes in the value of liabilities.*

Future changes in the mandated interest rates will impact the asset/liability mismatch, minimum required contributions and PBGC variable rate premiums.

Longevity and other demographic risks: *The potential that mortality or other demographic experience will be different than expected.*

SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4j

PLAN NAME: UNIVERSITY COMMUNITY HEALTH SYSTEM CONSOLIDATED PENSION
PLAN

EIN: 59-1113901

PLAN NUMBER: 001

The Schedule H, line 4j -- Schedule of Reportable Transactions is included in the attachment
titled ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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


A Name of plan UNIVERSITY COMMUNITY HEALTH SYSTEM CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UNIVERSITY COMMUNITY HEALTH SYSTEM	D Employer Identification Number (EIN) 59-1113901	
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		100,797,093
b Actuarial value	2b		108,155,180
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	816	59,503,192	59,503,192
b For terminated vested participants	612	20,684,770	20,684,770
c For active participants	458	22,629,307	22,629,307
d Total	1,886	102,817,269	102,817,269
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		5.09%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		700,000
c Target normal cost	6c		700,000

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>9-25-2025</u> Date
	David T. Ehr	2307571
	Type or print name of actuary	Most recent enrollment number
	PwC US Consulting LLP	312-298-2000
	Firm name	Telephone number (including area code)
	One North Wacker	
	Chicago IL 60606	
	Address of the firm	

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

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

Schedule SB (Form 5500) 2024
v. 240311

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>11.03%</u>	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		6,229,143
	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>5.22%</u>		325,161
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		6,554,304
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	105.19%
15	Adjusted funding target attainment percentage	15	105.19%
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	95.23%
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	
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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	
Totals ▶			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 700,000
b Excess assets, if applicable, but not greater than line 31a				31b 700,000
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment				
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 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Line 22 - Description of Weighted Average Retirement Age

The normal retirement age in the Plan is defined as age 65. For purposes of the actuarial valuation as of January 1, 2024, all participants are assumed to retire at the later of age 65 or attained age.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 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	624,173	270,312	6,127,528	7,022,014
2025	816,401	442,779	5,960,416	7,219,596
2026	907,584	649,913	5,778,760	7,336,256
2027	1,048,220	848,207	5,589,489	7,485,916
2028	1,156,379	984,740	5,389,982	7,531,101
2029	1,302,244	1,081,423	5,180,062	7,563,729
2030	1,389,273	1,187,410	4,960,145	7,536,829
2031	1,458,374	1,276,984	4,731,266	7,466,624
2032	1,539,346	1,343,950	4,493,153	7,376,448
2033	1,593,506	1,455,418	4,246,919	7,295,843
2034	1,658,949	1,569,578	3,994,226	7,222,752
2035	1,719,788	1,636,249	3,736,033	7,092,070
2036	1,799,519	1,666,955	3,473,912	6,940,387
2037	1,834,635	1,700,888	3,209,803	6,745,326
2038	1,835,519	1,743,900	2,945,862	6,525,281
2039	1,846,707	1,752,518	2,684,428	6,283,653
2040	1,830,940	1,755,614	2,427,934	6,014,488
2041	1,796,465	1,747,172	2,178,786	5,722,423
2042	1,752,625	1,733,558	1,939,266	5,425,450
2043	1,706,481	1,701,159	1,711,394	5,119,034
2044	1,651,326	1,673,072	1,496,881	4,821,279
2045	1,595,156	1,628,115	1,297,104	4,520,375
2046	1,534,185	1,583,991	1,113,085	4,231,260
2047	1,471,490	1,534,601	945,509	3,951,601
2048	1,395,437	1,479,284	794,731	3,669,453
2049	1,318,639	1,413,124	660,762	3,392,525
2050	1,244,435	1,339,672	543,272	3,127,379
2051	1,164,596	1,264,104	441,616	2,870,316
2052	1,083,626	1,185,735	354,877	2,624,237
2053	1,002,046	1,106,068	281,912	2,390,027
2054	921,541	1,025,923	221,430	2,168,894
2055	842,768	946,064	172,037	1,960,869
2056	766,333	867,253	132,309	1,765,896
2057	692,763	790,210	100,851	1,583,825
2058	622,500	715,592	76,334	1,414,425
2059	555,898	643,998	57,527	1,257,423
2060	493,227	575,955	43,321	1,112,503
2061	434,697	511,882	32,743	979,323
2062	380,456	452,095	24,965	857,516
2063	330,597	396,802	19,302	746,701
2064	285,152	346,109	15,203	646,465
2065	244,101	300,026	12,241	556,367
2066	207,366	258,464	10,087	475,918
2067	174,809	221,264	8,504	404,576
2068	146,236	188,201	7,316	341,753
2069	121,400	159,021	6,402	286,823
2070	100,015	133,441	5,674	239,130
2071	81,776	111,164	5,073	198,012
2072	66,363	91,889	4,558	162,810
2073	53,454	75,328	4,103	132,885

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Summary of Plan Provisions

Effective Date

August 1, 1972. Amended and restated August 1, 1991 Further amended effective August 1, 1994. Further amended effective August 1, 2001. Amended and restated August 1, 2006. Effective July 31, 2009, the Plan was closed to new participants and amended to freeze future accruals for participants with less than 20 years of vesting service. Effective January 1, 2011, benefit accruals were frozen for all participants. Effective July 1, 2014, a lump sum option is available to active participants upon termination. Effective January 1, 2016, the University Community Health Pension Plan and Helen Ellis Memorial Health Pension Plan merged.

Plan Year

January 1 to December 31.

A. Summary of Plan Provisions: Former UCH Participants

Participation

Prior to August 1, 1991, an Employee became a Participant on the first of the month coincident with or next following employment with the Hospital. Effective August 1, 1991, an Employee will become a participant on the August 1, or February 1 coincident with or next following attainment of age 21 and completion of one year of Vesting Service. Participation is closed after July 31, 2009.

Final Average Earnings

Prior to August 1, 1991, final average earnings were determined on the basis of the last 60 months of a participant's employment. Earnings for any Plan Year prior to August 1, 1991, during which the participant worked less than 1,900 hours are adjusted prorata to an annualized rate of pay. Effective August 1, 1991, final average earnings is determined as the monthly average of the highest five consecutive Plan Years for which compensation was the highest during the 10 Plan Years preceding such determination.

Covered Compensation

The average of the Taxable Wage Bases in effect for each calendar year during the 35 years up to and including the year in which the participant attains the Social Security retirement age.

Accrued Benefit

Prior to August 1, 1991, the Normal Retirement Benefit was equal to the greater of:

- i) 52.50% of Final Average Earnings less 50.0% of the Primary Social Security benefit, the difference prorated for the Benefit Accrual Service less than 30 years, or
- ii) \$4.00 multiplied by Benefit Accrual Service.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Summary of Plan Provisions

A. Summary of Plan Provisions: Former UCH Participants (Continued)

Accrued Benefit (continued)

Effective August 1, 1991, the Normal Retirement Benefit is equal to the greater of;

- iii) the benefit determined under the previous formula as of August 1991 (only for non super highly compensated employees).
- iv) 1% of final average earnings plus 0.5% of final average earnings in excess of covered compensation, the sum multiplied by services less than or equal to 45 years.
- v) the benefit determined under the previous formula as of August 1, 1989, plus the benefit determined under the new formula indicated in (iv) using Benefit Accrual Service after August 1, 1989.

All accruals were frozen as of December 31, 2010.

Normal Retirement

Eligibility: Later of attainment of age 65 and 5 years of participation.

Benefit: Accrued benefit at Normal Retirement Date.

Early Retirement

A participant is eligible for early retirement after attaining age 55 and completing 10 years of Vesting Service. The benefit is computed the same as the Normal Retirement Benefit, using Benefit Accrual Service and Final Average Earnings at the early retirement date. Benefits are reduced on an actuarial equivalent basis for early commencement using the 1984 Unisex Pensioners Mortality table (set back 3 years) and a 7.00% interest rate.

Deferred Retirement

Eligibility: Anytime after age 65.

Benefit: Accrued Benefit at the delayed retirement date.

Vested Termination

Eligibility: Termination of employment prior to eligibility for Early or Normal Retirement and after the completion of five years of Vesting Service.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Summary of Plan Provisions

A. Summary of Plan Provisions: Former UCH Participants (Continued)

Vested Termination (continued)

Retirement benefits vest according to the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 5	0%
5 or more	100%

Benefit: A Participant is eligible for a Deferred Vested Benefit payable commencing on the Normal Retirement Date, after completing 5 years of Vesting Service. The benefit is computed the same as the Normal Retirement Benefit, using Benefit Accrual Service and Final Average Earnings at termination date.

Disability Retirement

Eligibility and benefit amounts are the same as for Early Retirement Benefits.

Preretirement Death Benefits

Upon the death of a Participant after becoming vested but before eligibility for Early Retirement, a Surviving Spouse pension is payable assuming election of a 50% joint and survivor option. Payments to the spouse commence at the earliest date the Participant could have elected to receive an Early Retirement pension.

Upon the death of a Participant on or after eligibility for Early Retirement, but before benefit commencement, a Surviving Spouse pension payable assuming election of a 50% joint and survivor option immediately prior to the Participant's death.

Postretirement Death Benefits

No death benefit is payable for death after a retirement pension has commenced unless the form of pension, either elected or mandated due to non-election, specified payments upon the retired Participant's death.

Normal Form of Benefit

All of the monthly pension payments described above (except for death benefits) are on a single life basis, whereby the pension is payable for the life of the Participant with no further pension payments after that participant's death. However, if the Participant is married on the date his pension commences, his pension will automatically be paid in the form of an actuarially reduced 50% joint and survivor option, unless he and his Spouse reject such form in writing. Upon such rejection, the participant may elect within the limits prescribed by law, a different actuarially equivalent option which may include a single life pension, a joint and survivor pension providing 100% or 75% to his survivor, or a life annuity with five, ten or fifteen year guaranteed period. The designated beneficiary under these options may be someone other than the Participant's Spouse.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Summary of Plan Provisions

A. Summary of Plan Provisions: Former UCH Participants (Continued)

Lump Sum Option

Effective July 1, 2014, a lump sum optional form of benefit is available to active participants upon termination or retirement. The lump sum benefit is determined based on actuarial equivalence under IRC Section 417 (e)(3) using an interest rate based on the second month preceding the first plan year.

Employee Contributions

None required or permitted.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Summary of Plan Provisions

B. Summary of Plan Provisions: Former HEMH Participants

Participation

An employee who is not a practicing physician becomes a participant of the plan on any October 1 or April 1 subsequent to the following date, if at the time he is at least 21 years old:

- a. the end of the 12 month period following hire during which the employee was paid for 1,000 or more hours of service.
- b. the end of any plan year commencing after hire during which the employee was paid for 1,000 or more hours of service.

Employees who have satisfied the service requirements above, but have not reached age 21 become participants on the October 1 or April 1 following their 21st birthday.

No plan participants admitted after January 15, 2006.

Service

A year of service is accumulated for vesting and benefit accrual in any plan year prior to October 1, 1984, when an employee is paid for at least 736 hours. For plan years commencing after September 30, 1984, a year of service is credited for vesting and benefit accrual when an employee is paid for at least 1,000 hours. No service is granted prior to attainment of age 18. After January 15, 2006 no additional benefit service is accrued.

Compensation

Total cash compensation from the Employer. Effective January 1, 1994, the annual compensation recognized may not exceed \$150,000 indexed for inflation in future years.

Average Annual Compensation

The average of the highest 5 years of compensation during an employee's entire Helen Ellis Memorial Hospital career. For Highly Compensated Employees, the 5 years must be consecutive.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Summary of Plan Provisions

B. Summary of Plan Provisions: Former HEMH Participants (Continued)

Accrued Benefit

- A) The Annual Accrued Benefit equals the sum of (i) and (ii), multiplied by (iii):
- i) 1.00% of the participants Average Compensation; plus
 - ii) 0.50% of the participants Average Compensation in excess of Covered Compensation; multiplied by
 - iii) Years of Benefit Service (including Years of Benefit Service accrued prior to January 1, 2004) not to exceed 45 years.
- B) For participants who have attained age 60 and completed 10 years of service as of December 31, 2003, the benefit formula remains the annual amount equal to the sum of (i) and ii):
- i) 1.00% of the first \$10,000 of Average Compensation and 1.65% of Average Compensation in excess of \$10,000 times Years of Benefit Service (not to exceed 35 years);
 - ii) 1.00% of Average Compensation times the number of Years of Benefit Service in excess of 35

For any Participant in the Plan as of December 31, 2004, such Participant's Accrued Benefit will not be less than his or her Accrued Benefit at December 31, 2003 as determined under the benefit formula in effect at that time.

All accruals were frozen as of January 15, 2006.

Normal Retirement

Eligibility: Termination of employment on a Participant's Normal Retirement Date. Normal Retirement Date is the first day of the month coincident with or next following a Participant's 65th birthday.

Benefit: Accrued Benefit determined as of the termination date. Payments commence on the first day of the month on or after date of termination.

Early Retirement

Eligibility: Termination of employment after attainment of age 55 and completion of fifteen years of Service.

Benefit: Accrued Benefit determined as of the termination date, payable commencing at Normal Retirement Date.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Summary of Plan Provisions

B. Summary of Plan Provisions: Former HEMH Participants (Continued)

At the option of the Participant, the benefit can become payable earlier on the first day of any month, but is reduced to reflect early commencement. In order to determine the benefit payable at early retirement age, the accrued benefit is multiplied by the early retirement reduction factor based on the early retirement age from the following table:

<i>Age</i>	<i>Factor</i>
55	0.48
56	0.52
57	0.56
58	0.60
59	0.64
60	0.68
61	0.72
62	0.76
63	0.84
64	0.92
65	1.00

Deferred Retirement

Eligibility: Termination of employment after a Participant's Normal Retirement Date

Benefit: The greater of the Accrued Benefit determined as of the termination date or the actuarially increased Normal Retirement Benefit. Payments commence on the first day of the month on or after date of termination.

Vested Termination

Eligibility: Termination of employment prior to eligibility for Early or Normal Retirement, and after the completion of five years of Vesting Service or attainment of age 65.

Benefit: Vested Accrued Benefit determined as of termination date, payable commencing at Normal Retirement Date.

Disability Retirement

Eligibility: Termination of employment due to Total and Permanent Disability.

Benefit: Accrued Benefit determined as of Normal Retirement. The participant will receive credited service for service for plan years beginning with the date of disability and ending on the earliest of age 65 (when the benefit commences) or upon recovery from disability. Additional accruals were frozen at January 15, 2006. The benefit is reduced for early commencement in the same manner as the Early Retirement benefit and is further reduced actuarially for commencement prior to age 55.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Summary of Plan Provisions

B. Summary of Plan Provisions: Former HEMH Participants (Continued)

Preretirement Death Benefits

The surviving spouse of a vested Participant who dies after meeting Early Retirement eligibility will be entitled to receive a lifetime monthly benefit equal to 50% of the benefit the Participant would have received under the joint and 50% survivor form of benefit if he had elected immediate commencement of his Early Retirement Benefit.

The surviving spouse of a vested Participant who dies before meeting Early Retirement eligibility will be entitled to receive a lifetime monthly benefit equal to 50% of the benefit the Participant would have received under the joint and 50% survivor form of benefit if he had elected commencement of his benefit at his earliest retirement date. The benefit payable to the surviving spouse will commence on the first day of the month after the Participant would have attained his earliest retirement age or such later date as elected by the spouse.

Postretirement Death Benefits

In accordance with the form of benefit selected at retirement.

Normal Form of Benefit

Single Life Annuity

The Normal Form of Benefit provides monthly payments during the Participant's lifetime. No payments are made after the Participant dies.

Optional Forms of Benefit

Five- or Ten-Year Certain and Life Annuity

These forms provide monthly payments during the Participant's lifetime with a minimum of 60 and 120 payments respectively. If the Participant dies prior to receiving all guaranteed payments, the remaining payments are made to the Participant's beneficiary. The payments are the actuarial equivalent value of the Normal Form of Benefit.

50% Joint & Survivor Annuity

This form provides monthly payments during the Participant's lifetime with monthly payments to the surviving spouse after the Participant's death equal to 50% of the amount paid during the Participant's lifetime. The payments are the actuarial equivalent value of the Normal Form of Benefit.

If the actuarial equivalent value, according to IRC §417(e), of the Normal Form of Benefit is less than \$1,000, the Participant's benefit will be paid in a Lump Sum Distribution in lieu of a monthly annuity.

University Community Hospital, Inc.
University Community Health System Consolidated Pension Plan
EIN: 59-1113901; Plan Number: 001
2024 Schedule SB, Part V - Summary of Plan Provisions

B. Summary of Plan Provisions: Former HEMH Participants (Continued)

Lump Sum Option

Effective July 1, 2014, a lump sum optional form of benefit is available to active participants upon termination or retirement. The lump sum benefit is determined based on actuarial equivalence under IRC Section 417 (e)(3) using an interest rate based on the second month preceding the first plan year.

Employee Contributions

None required or permitted.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i

PLAN NAME: UNIVERSITY COMMUNITY HEALTH SYSTEM CONSOLIDATED PENSION
PLAN

EIN: 59-1113901

PLAN NUMBER: 001

The Schedule H, line 4i -- Schedule of Assets (Held At End of Year) is included in the attachment
titled ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS.