Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [X] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LEGACY GHS/TUOMEY PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1968

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PRISMA HEALTH

300 E. MCBEE AVE.
GREENVILLE, SC 29601

2b Employer Identification Number (EIN) 82-2595551

2c Plan Sponsor's telephone number 864-695-6731

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/23/2024	EVE CUGINI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/23/2024	EVE CUGINI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	9631
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	2948
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	2945
b	Retired or separated participants receiving benefits	**6b**	3866
c	Other retired or separated participants entitled to future benefits	**6c**	2569
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	9380
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	151
f	Total. Add lines **6d** and **6e**	**6f**	9531
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	4
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:

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)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] ___ **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

▶ **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
LEGACY GHS/TUOMEY 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
PRISMA HEALTH

D Employer Identification Number (EIN)
82-2595551

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2021

2 Assets:

a Market value	**2a**	606442133
b Actuarial value	**2b**	562386126

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	3936	340534123	340534123
b For terminated vested participants	2338	84288483	84288483
c For active participants	3393	149805986	153160358
d Total	9667	574628592	577982964

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**	5.58 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	6664216
c Total (line 6a + line 6b)	**6c**	6664216

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

06/13/2023
Date

MARGO A. BURDETTE
Type or print name of actuary

23-05676
Most recent enrollment number

AON CONSULTING, INC.
Firm name

770-690-7382
Telephone number (including area code)

MSC# 17838
PO BOX 551343
ATLANTA, GA 30355

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 15.57 %	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)		28711696
	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 5.73 %		1645180
	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		30356876
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	97.30 %
15	Adjusted funding target attainment percentage	15	97.30 %
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	86.56 %
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
12/14/2021	6597000	0			
03/14/2022	6597000	0			
06/14/2022	6597000	0			
			Totals ► 18(b)	19791000	18(c)

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	19227259

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	4
22 Weighted average retirement age			**22**	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes	☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**		

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	6664216
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	15596838	2254234
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	8918450

	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**	8918450
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	19227259
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	10308809
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan	**B** Three-digit plan number (PN) ▶
LEGACY GHS/TUOMEY PENSION PLAN	001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
PRISMA HEALTH	82-2595551

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).. . . . . [X] 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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

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

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

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

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

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

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

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

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

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

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

(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)

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	38750	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY	77502	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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	INVESTMENT MANAGEMENT	42179	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

METLIFE INVESTMENT MANAGEMENT LLC

82-2405817

(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	INVESTMENT MANAGEMENT	503101	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIAM BLAIR

47-2614791

(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	INVESTMENT MANAGEMENT	299978	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	44047	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan
LEGACY GHS/TUOMEY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRISMA HEALTH

D Employer Identification Number (EIN)
82-2595551

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: ARROWSTREET GLOBAL EQUITY ACWI

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6607043-002	C	51514995

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 R FLAGSHIP CLASS N

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-306	C	79343897

a Name of MTIA, CCT, PSA, or 103-12 IE: 20 PLUS YEAR US TREASURY STRIPS

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
90-0337987-169	C	41676056

a Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON TR WALDEN COLLECTIVE IN

b Name of sponsor of entity listed in (a): BOSTON TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
85-6529039-001	C	11590099

a Name of MTIA, CCT, PSA, or 103-12 IE: WILLIAM BLAIR CIT

b Name of sponsor of entity listed in (a): WILLIAM BLAIR

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
27-6331814-012	C	32784157

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL ALPHA INTL SMALL CAP F

b Name of sponsor of entity listed in (a): GLOBAL ALPHA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
30-0958532-001	E	11856938

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan
LEGACY GHS/TUOMEY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRISMA HEALTH

D Employer Identification Number (EIN)
82-2595551

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10385000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8437242	2423153
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2129936	5226934
(2) U.S. Government securities	1c(2)	57077712	45778885
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	133837392	142044470
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	58417483	51527427
(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)	267266805	216909204
(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)	15133868	11856938
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	58099018	

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(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	610784456	475767011
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	4181680	376010
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	4181680	376010
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	606602776	475391001

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)	19791000	
	(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)		19791000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	37556	
	(B) U.S. Government securities	2b(1)(B)	1153526	
	(C) Corporate debt instruments	2b(1)(C)	6871176	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	64556	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8126814
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	258204136	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	276372489	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-18168353
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-63208886	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-63208886

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-35993516
(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		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-89452941
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	34299063	
(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)		34299063
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	77502	
(2) Contract administrator fees	2i(2)	38750	
(3) Investment advisory and management fees	2i(3)	845257	
(4) Other	2i(4)	6498262	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		7459771
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		41758834
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-131211775
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) [X] 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) [X] 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: ELLIOT DAVIS, LLC **(2)** EIN: 57-0381582

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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.)	4a		X	

			Yes	No	Amount
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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 462425.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan
LEGACY GHS/TUOMEY PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRISMA HEALTH

D Employer Identification Number (EIN)
82-2595551

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

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** 17

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 39.4 % Investment-Grade Debt: 48.3 % High-Yield Debt: 0.6 % Real Estate: 0.0 % Other: 11.7 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☒ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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 _____

Legacy GHS/Tuomey Pension Plan

Report on Financial Statements

For the year ended August 31, 2021

Legacy GHS/Tuomey Pension Plan

Contents

Page

Independent Auditor's Report 1-2

Financial Statements

Statements of Net Assets Available for Benefits..... 3

Statement of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5-16

Supplemental Schedules

Schedule H, Part 4i – Schedule of Assets (Held at End of Year) 17-21

Schedule H, Line 4j – Schedule of Reportable Transactions 22

elliott davis

Independent Auditor's Report

Defined Benefit Plans Committee of Prisma Health
Legacy GHS/Tuomey Pension Plan
Greenville, South Carolina

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Legacy GHS/Tuomey Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of August 31, 2021 and 2020, the related statement of changes in net assets available for benefits for the year ended August 31, 2021, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank, N.A., the trustee and custodian of the Plan, except for comparing this information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee and custodian holds the Plan's investment assets and executes transactions. The plan administrator has obtained certifications from the trustee and custodian as of August 31, 2021 and 2020, and for the year ended August 31, 2021, that the information provided to the plan administrator by the trustee and custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Supplemental Schedules

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of August 31, 2021 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended August 31, 2021, are required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedules are the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the current trustee and custodian and former custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Elliott Davis, LLC

Greenville, South Carolina
June 14, 2022

Legacy GHS/Tuomey Pension Plan

Statements of Net Assets Available for Benefits

As of August 31, 2021 and 2020

	2021	2020
Assets		
Investments, at fair value (see Note 5)		
Money market fund	$ 2,129,936	$ 7,954,439
U.S. government obligations	57,077,712	43,197,770
State and municipal bonds	1,381,005	1,522,323
Corporate bonds	131,956,558	125,194,667
Foreign bonds	499,829	-
Limited partnerships, limited liability companies, and hedge funds	58,417,483	53,162,237
Collective trust funds	209,707,825	145,047,437
Institutional trust funds	130,791,866	137,131,828
Total investments	591,962,214	513,210,701
Receivables		
Employer contributions	10,385,000	7,294,640
Interest and dividends	1,670,698	1,598,957
Due from broker	6,766,544	379,957
Total receivables	18,822,242	9,273,554
Total assets	610,784,456	522,484,255
Liabilities		
Due to broker	4,181,680	1,980,200
Net assets available for benefits	$ 606,602,776	$ 520,504,055

See Notes to the Financial Statements

Legacy GHS/Tuomey Pension Plan

Statement of Changes in Net Assest Available for Benefits

For the year ended August 31, 2021

Additions	
Investment income	
Net appreciation in fair value of investments	$ 74,001,222
Interest and dividends	6,943,319
	80,944,541
Employer contributions	44,658,321
Total additions	125,602,862
Deductions	
Benefits paid to participants	32,045,016
Administrative expenses	7,459,125
Total deductions	39,504,141
Net increase	86,098,721
Net assets available for benefits, beginning of year	520,504,055
Net assets available for benefits, end of year	$ 606,602,776

See Notes to the Financial Statements

Note 1. Description of the Plan

The following description of the Legacy GHS/Tuomey Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General:

The Tuomey Healthcare System Employees Retirement Plan (the "Tuomey Plan") was a defined benefit plan which covered substantially all employees of Palmetto Health Tuomey and which provided for pension and death benefits. Effective December 31, 2009, the Board of Trustees of Palmetto Health Tuomey approved freezing the Legacy Tuomey Plan to new participants and to the accruing of benefits so that no additional benefits will accrue for service or compensation earned after December 31, 2009. Effective June 22, 2018 the sponsorship of the Tuomey Plan was transferred to Prisma Health (the "Company"). Subsequently, the Tuomey Plan was amended to change its plan year end from December 31 to August 31.

The Strategic Coordinating Organization Pension Plan (the "GHS Plan") was a defined benefit pension plan established to provide certain retirement benefits to eligible employees. Effective August 31, 2010, the GHS Plan was frozen to participation and future benefit accruals. No employee hired on or after August 31, 2010 was eligible to participate in or accrue benefits under the GHS Plan. Effective November 21, 2017, Strategic Coordinating Organization was merged into the Upstate Affiliate Organization d/b/a Greenville Health System, which became the sponsor of the GHS Plan. Effective June 22, 2018, sponsorship of the GHS Plan was transferred to the Company.

The Company, as sponsor of the Tuomey Plan and the GHS Plan, approved the merger of the GHS Plan into the Tuomey Plan effective September 30, 2018. Pursuant to an amended and restated plan document, the Tuomey Plan was amended and restated to reflect the merger of the GHS Plan, and was renamed the Legacy GHS/Tuomey Pension Plan.

Pension benefits:

Employees with five or more years of service are entitled to annual pension benefits beginning at normal retirement age based on credited service and the benefit formula provided for in the Plan. The Plan permits early retirement at age 55 (with ten years of service for GHS Plan participants and with 15 years of service for Tuomey Plan participants). Participants are 100 percent vested after five years of continuous service. The Plan's benefit formula, as defined in the Plan agreement, is based on the participant's average earnings (for the five highest consecutive base earnings during the last ten years prior to retirement for GHS Plan participants and the ten highest consecutive base earnings for Tuomey Plan participants), and years of credited service in the plan. As a result of the freezing of benefits to all employees, their benefits have been computed based on formulas existing at the date the benefits were frozen.

Note 1. Description of the Plan, Continued

Payment of benefits:

Participants have the option of receiving their vested benefit in the form of a monthly annuity payable for their lifetime or an actuarially reduced retirement allowance during his or her lifetime with the actuarially reduced retirement allowance continued after death to a designated beneficiary. The joint and last survivor option provides for an actuarially reduced retirement allowance during the lifetime of the beneficiary. The period-certain option provides for an actuarially reduced retirement allowance for a guaranteed period with the surviving beneficiary receiving benefits over the remaining guaranteed period. A level payment option with Social Security is also available for Tuomey Plan participants. A participant is required to take his or her distribution in the form of a one-time lump sum if the actuarial equivalent present of his or her vested benefit is $5,000 or less. Participants who are lawfully married at the time benefit payments are to commence under any provisions of the Plan shall be deemed to have elected the joint and last survivor option unless a spousal consent is obtained authorizing a different form of benefit payment (or the actuarial equivalent present value of his or her vested benefit is $5,000 or less).

If a Tuomey Plan participant has not attained normal retirement age and suffers a disability, the participant shall assume to be retired the first day of the calendar month following the disability. Disabled GHS Plan participants continue to accrue service credit during disability towards a benefit payable at normal retirement. If a GHS Plan participant becomes totally and permanently disabled prior to retirement or separation from service, then the disabled participant shall be entitled to receive benefits payable without regard to any age and service requirements.

Funding policy:

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants to meet or exceed the minimum funding requirements of ERISA. The Company made contributions of $44,658,321 to the Plan for 2021. Under the terms of the Plan, participants may not make contributions to the Plan. The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. See Note 9 for further information.

Note 2. Summary of Significant Accounting Policies and Activities

Basis of accounting:

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

Use of estimates:

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

Note 2. Summary of Significant Accounting Policies and Activities, Continued

Investment valuation and income recognition:

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

Purchases and sales of securities are recorded on a trade-date bases. Purchases and sales of securities in process at the end of the year are recorded as due to/due from broker in the accompanying statements of net assets available for benefits. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of benefits:

Benefits are recorded when paid.

Administrative expenses:

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

Subsequent events:

The Plan has evaluated subsequent events through June 14, 2022, the date the financial statements were available to be issued.

Recently issued accounting pronouncements:

In August 2018, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to Disclosure Requirements for Fair Value Measurement*, which modifies the disclosure requirements for fair value measurements by removing, modifying, or adding certain disclosures. The Plan adopted this ASU for the year ended August 31, 2021 and determined that the adoption of the disclosure requirements had no significant impact on its fair value disclosures.

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuations as of September 1, 2021 and 2020 were:

Actuarial cost	Standard unit credit cost method
Interest rate	4.33%, which decreased from 4.60% in the prior year valuation
Mortality rates	Pri-2012 Mortality Tables with generational projection using Scale MP-2020; prior year valuation used Pri-2012 Mortality Tables with generational projection using Scale MP-2019
Retirement age	Experience rates from age 55 to 67
Surviving spouse benefit	Tuomey Plan - 100 percent of males and females have an eligible spouse, and participants are the same age as their spouses; GHS Plan - 90 percent of males and 70 percent of females have an eligible spouse, and that the males are 3 years older than their spouses

As disclosed above, the discount rate decreased from 4.60% to 4.33% and an updated mortality table was used in estimating the present value of accumulated plan benefits, resulting in an increase in actuarial assumptions of $25,214,344 in the below summary of accumulated plan benefits.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits were made as of September 1. Had the valuations been performed as of August 31, there would be no material differences.

Note 3. Actuarial Present Value of Accumulated Plan Benefits, Continued

The actuarial present value of accumulated plan benefits based upon the most recent actuarial valuation as of September 1, 2021 is summarized as follows:

Vested benefits:	
Participants currently receiving benefits	$ 367,991,925
Participants with deferred benefits	104,021,970
Vested benefits for other participants	186,237,473
	658,251,368
Nonvested benefits	2,807,406
Total actuarial present value of accumulated plan benefits	$ 661,058,774

The changes in the actuarial present value of accumulated plan benefits for the year ended September 1, 2021 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	$ 640,394,353
Increase (decrease) during the year attributable to:	
Interest accumulation	28,729,391
Benefits paid	(32,045,016)
Assumption changes	25,214,344
Other changes	(1,234,298)
Net increase	20,664,421
Actuarial present value of accumulated plan benefits at end of year	$ 661,058,774

The effect of changes in actuarial assumptions are attributed to a decrease in the assumed discount rate and a change in the mortality basis. The mortality basis was updated to reflect the tables released by the Society of Actuaries in October 2020, in order to use the most recent available information regarding life expectancies.

The other changes in the actuarial present value of accumulated plan benefits for the year ended September 1, 2021 represent the normal operation of the Plan. It consists of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

Note 4. Certifications

The following is a summary of the Plan's asset information as of August 31, 2021 and 2020, and for the year ended August 31, 2021, included throughout the Plan's financial statements and supplemental schedules, that was prepared or derived from information provided by the trustee and custodian and furnished to the plan administrator. The plan administrator has obtained certifications from the trustee and custodian that the information provided to the plan administrator by the trustee and custodian related to the following assets is complete and accurate. Accordingly as permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	2021	2020
Assets		
Investments	$ 193,045,040	$ 177,869,199
Receivables:		
Accrued interest	1,670,698	1,598,957
Due from broker	6,766,544	379,957
Liabilities		
Due to broker	$ 4,181,680	$ 1,980,200

The trustee and custodian also certified to the completeness and accuracy of $4,263,185 of net appreciation in the fair value of investments and $6,558,513 of interest and dividends for the year ended August 31, 2021.

Note 5. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Money market funds: The Plan invests in several money market funds to provide daily liquidity. Fair value is based on the net asset value ("NAV") that can be validated with a sufficient level of observable activity (i.e. purchases and sales at NAV).

U.S. government obligations, state and municipal bonds, corporate bonds, and foreign bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Collective trust funds, limited partnerships, limited liability companies, hedge funds, and institutional trust funds: Valued at NAV. The NAV, as provided by the investment managers, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment advisor reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Note 5. Fair Value Measurements, Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's fair value measurements:

	August 31, 2021			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ -	$ 2,129,936	$ -	$ 2,129,936
U.S. government obligations	-	57,077,712	-	57,077,712
State and municipal bonds	-	1,381,005	-	1,381,005
Corporate bonds	-	131,956,558	-	131,956,558
Foreign bonds	-	499,829	-	499,829
Total assets in the fair value hierarchy	$ -	$ 193,045,040	$ -	193,045,040
Investments measured at NAV (a)				398,917,174
Investments at fair value				$ 591,962,214

	August 31, 2020			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ -	$ 7,954,439	$ -	$ 7,954,439
U.S. government obligations	-	43,197,770	-	43,197,770
State and municipal bonds	-	1,522,323	-	1,522,323
Corporate bonds	-	125,194,667	-	125,194,667
Total assets in the fair value hierarchy	$ -	$ 177,869,199	$ -	177,869,199
Investments measured at NAV (a)				335,341,502
Investments at fair value				$ 513,210,701

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

Note 5. Fair Value Measurements, Continued

The following table sets forth a summary of the Plan's investments reported at NAV as a practical expedient to estimate fair value:

	August 31, 2021			
Investment	**Fair Value**	**Unfunded Commitment**	**Redemption Frequency**	**Redemption Notice Period**
Collective trust funds	$ 209,707,825	$ -	Daily	None
Limited partnerships, limited liability companies, and hedge funds:				
Total return fund (a)	58,417,483	-	(a)	(a)
Institutional trust funds:				
International small cap fund (b)	15,133,868	-	Monthly	15 days
U.S. large cap fund (c)	58,099,018	-	Monthly	10 days
Diversified international equity fund (f)	57,558,980	-	Daily	None
Total	$ 398,917,174	$ -		

	August 31, 2020			
Investment	**Fair Value**	**Unfunded Commitment**	**Redemption Frequency**	**Redemption Notice Period**
Collective trust funds	$ 145,047,437	$ -	Daily	None
Limited partnerships, limited liability companies, and hedge funds:				
Total return fund (a)	53,162,237	-	(a)	(a)
Institutional trust funds:				
International small cap fund (b)	12,050,920	-	Daily	10 days
U.S. large cap fund (c)	46,971,593	-	Monthly	10 days
U.S. property fund (d)	14,539,754	-	Quarterly	90 days
U.S. small cap core fund (e)	12,616,797	-	Daily	None
Diversified international equity fund (f)	50,952,764	-	Daily	None
Total	$ 335,341,502	$ -		

(a) This investment holds shares of a master trust organized for the primary purpose of developing and actively managing an investment portfolio of non-traditional portfolio managers. The fund may make additional investments into the master trust on a monthly basis, but it is restricted to making requests of withdrawals from the master trust to June 30 and December 31 of each year and must provide at least a 95 day notice of its withdrawal request.

Note 5. Fair Value Measurements, Continued

(b) This investment's objective is to seek capital appreciation by investing in stocks of international small capitalization companies that the fund's management believes can achieve high rates of business growth.
(c) This investment employs an equity strategy with the objective of earning equity market returns over the long term with lower volatility than the market index. Investments primarily consist of U.S. large capitalization equity securities as identified by major index providers such as Russell Investments and Standard & Poor's.
(d) The investment objective of this fund is to seek long term capital appreciation above an identified market index by investing in a diversified portfolio of publicly traded U.S. real estate securities.
(e) The investment objective of this fund is to outperform the Russell 2000 Equity Index annually over full market cycles through investment in small capitalization companies headquartered in the U.S.
(f) The investment objective of this fund is to seek long term capital appreciation above an identified market index by investing in a diversified portfolio of equity securities issued by companies of all sized domiciled outside the U.S.

Note 6. Related Party and Party-In-Interest Transactions

During the year ended August 31, 2021, certain Plan investments were managed by the trustee and custodian. Wells Fargo Bank, N.A. served as the trustee and custodian as defined by the Plan for the year ended August 31, 2021 and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing rather than direct payment. As described in Note 2, the Plan made direct payments to the third-party administrator totaling $82,989, which were not covered by revenue sharing.

Note 7. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 13, 2014, that the Plan and related trust were designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

Note 8. Risks and Uncertainties

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

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

Note 9. Plan Termination

Although it has not expressed any intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. 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 Pension Benefit Guaranty Corporation (“PBGC”) (a U.S. government agency) up to the applicable limitations.

c. All other vested benefits (that is, vested benefits not insured by the PBGC).

d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. Whether all participants receive their benefit 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.

Note 10. COVID-19

On March 11, 2021 the World Health Organization characterized coronavirus (COVID-19) as a pandemic. As a result of COVID-19, there has been heightened market risk and volatility associated with the pandemic, and this could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits. Because of the uncertainty of the markets during this time, plan management is unable to estimate the total impact the pandemic will have.

Note 11. Subsequent Events

Principal Financial Group closed the acquisition of certain assets of the Wells Fargo Institutional Retirement & Trust business on July 1, 2019. As a result of the acquisition, the trustee and custodian services provided to the Plan were transitioned to Principal Financial Group effective February 22, 2022. No material modifications were made to the Plan as a result of this transition.

Legacy GHS/Tuomey Pension Plan

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

As of August 31, 2021

*Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Money market fund			
*	Wells Fargo Bank, N.A..	Government Money Market Fund	$ 2,129,936	$ 2,129,936
	Total money market fund		2,129,936	2,129,936
	U.S. government obligations			
	US Treasury Bond	$2,410,000 par; 1.375%; matures 11/15/2040	2,343,217	2,230,768
	US Treasury Bond	$6,310,000 par; 2.25%; matures 5/15/2041	6,529,730	6,751,700
	US Treasury Bond	$11,320,000 par; 1.875%; matures 8/15/2041	11,206,939	11,141,370
	US Treasury Bond	$5,980,000 par; 1.25%; matures 5/15/2050	5,631,858	5,069,425
	US Treasury Bond	$2,370,000 par; 1.875%; matures 2/15/2051	2,180,666	2,339,640
	US Treasury Bond	$17,780,000 par; 2.375%; matures 5/15/2051	19,705,795	19,635,878
	US Treasury Bond	$7,810,000 par; 2.00%; matures 8/15/2051	7,899,022	7,949,096
	US Treasury Note	$1,970,000 par; 1.25%; matures 8/15/2031	1,953,046	1,959,835
	Total U.S. Government obligations		57,450,273	57,077,712
	State and municipal bonds			
	Municipal Electric Authority of Georgia	$669,000 par; 6.637%; matures 4/1/2057	827,799	1,023,403
	Municipal Electric Authority of Georgia	$238,000 par; 7.055%; matures 4/1/2057	261,507	357,602
	Total state and municipal bonds		1,089,306	1,381,005
	Corporate bonds			
	7-Eleven Inc	$80,000 par; 2.50%; matures 2/10/2041	72,976	75,147
	7-Eleven Inc	$110,000 par; 2.80%; matures 2/10/2051	98,759	104,038
	Abbott Laboratories	$100,000 par; 6.15%; matures 11/30/2037	116,768	147,962
	Abbott Laboratories	$385,000 par; 6.00%; matures 4/1/2039	462,809	573,850
	Abbvie Inc	$325,000 par; 4.05%; matures 11/21/2039	348,601	381,865
	Abbvie Inc	$525,000 par; 4.40%; matures 11/6/2042	622,514	638,663
	Advocate Health Corporation	$285,000 par; 3.008%; matures 6/15/2050	285,000	303,656
	AEP Texas Inc	$460,000 par; 3.45%; matures 1/15/2050	471,426	489,196
	Altria Group Inc	$350,000 par; 9.95%; matures 11/30/2038	556,563	594,531
	Altria Group Inc	$335,000 par; 5.80%; matures 2/14/2039	360,525	419,430
	Altria Group Inc	$870,000 par; 3.40%; matures 2/14/2041	837,477	836,322
	Altria Group Inc	$460,000 par; 4.25%; matures 8/9/2042	444,741	487,761
	Amazon.com Inc	$375,000 par; 2.50%; matures 6/3/2050	364,078	359,996
	Amazon.com Inc	$125,000 par; 3.10%; matures 5/12/2051	124,105	134,666
	America Movil SAB de CV	$450,000 par; 6.125%; matures 3/30/2040	586,704	645,629
	American Electric Power	$80,000 par; 3.25%; matures 3/1/2050	79,863	81,428
	Amgen Inc	$230,000 par; 6.375%; matures 6/1/2037	315,093	329,760
	Amgen Inc	$415,000 par; 3.15%; matures 2/21/2040	427,483	438,460
	Amgen Inc	$468,000 par; 2.77%; matures 9/1/2053	436,522	448,615
	Anheuser-Busch Cos LLC	$840,000 par; 4.90%; matures 2/1/2046	888,387	1,071,790
	Anheuser-Busch Inbev Worldwide Inc	$215,000 par; 4.375%; matures 4/15/2038	213,416	256,572
	Anheuser-Busch Inbev Worldwide Inc	$265,000 par; 8.20%; matures 1/15/2039	366,406	445,796
	Anheuser-Busch Inbev Worldwide Inc	$340,000 par; 5.45%; matures 1/23/2039	339,055	449,157
	Anheuser-Busch Inbev Worldwide Inc	$670,000 par; 8.00%; matures 11/15/2039	997,840	1,107,041
	Anheuser-Busch Inbev Worldwide Inc	$315,000 par; 4.95%; matures 1/15/2042	369,621	399,896
	Anheuser-Busch Inbev Worldwide Inc	$535,000 par; 3.75%; matures 7/15/2042	554,490	588,768
	Anthem Inc	$345,000 par; 3.60%; matures 3/15/2051	343,744	388,339
	Apollo Management Holdings	$260,000 par; 4.872%; matures 2/15/2029	259,997	303,917
	Apollo Management Holdings	$455,000 par; 5.00%; matures 3/15/2048	450,882	592,951
	Apple Inc	$260,000 par; 3.85%; matures 5/4/2043	304,355	310,112
	Apple Inc	$190,000 par; 3.45%; matures 2/9/2045	180,086	214,263
	Apple Inc	$780,000 par; 4.65%; matures 2/23/2046	930,955	1,037,735
	Apple Inc	$505,000 par; 2.65%; matures 2/8/2051	501,682	499,985
	Apple Inc	$200,000 par; 2.80%; matures 2/8/2061	199,426	199,908
	Arizona Public Service	$250,000 par; 3.35%; matures 5/15/2050	248,828	268,528
	Astrazeneca PLC	$475,000 par; 6.45%; matures 9/15/2037	711,636	714,927
	AT&T Inc	$360,000 par; 8.75%; matures 11/15/2031	507,905	545,980
	AT&T Inc	$475,000 par; 6.80%; matures 5/15/2036	535,418	660,697
	AT&T Inc	$220,000 par; 5.25%; matures 3/1/2037	216,745	279,019
	AT&T Inc	$240,000 par; 4.90%; matures 8/15/2037	295,130	297,701
	AT&T Inc	$100,000 par; 6.375%; matures 3/1/2041	138,764	145,433
	AT&T Inc	$580,000 par; 3.50%; matures 6/1/2041	588,995	611,140
	AT&T Inc	$125,000 par; 4.90%; matures 6/15/2042	146,401	156,304
	AT&T Inc	$165,000 par; 4.90%; matures 6/1/2044	186,831	198,180
	AT&T Inc	$165,000 par; 4.75%; matures 5/15/2046	205,321	201,604
	AT&T Inc	$2,409,000 par; 3.50%; matures 9/15/2053	2,136,055	2,474,548

Legacy GHS/Tuomey Pension Plan

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

As of August 31, 2021

*Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Axis Specialty Finance	$230,000 par; 5.15%; matures 4/1/2045	252,494	279,386
	Bank Of America Corp	$270,000 par; 2.28%; matures 7/21/2032	270,000	271,604
	Bank Of America Corp	$685,000 par; 3.07%; matures 4/22/2042	686,109	738,574
	Bank Of America Corp	$740,000 par; 3.38%; matures 3/20/2051	793,506	893,276
	Bank Of America Corp	$270,000 par; 2.94%; matures 7/21/2052	270,000	272,759
	Bank Of America NA	$1,040,000 par; 6.00%; matures 10/15/2036	1,287,556	1,453,150
	Bank of Nova Scotia	$190,000 par; 4.51%; matures 9/4/2169	190,000	206,388
	Bank One Corp	$190,000 par; 8.75%; matures 9/1/2030	273,831	289,034
	Barrick International Bank Corp.	$100,000 par; 6.35%; matures 10/15/2036	141,383	141,142
	Barrick Australia Finance	$335,000 par; 5.95%; matures 10/15/2039	468,283	468,987
	Barrick Gold Corporation	$230,000 par; 5.25%; matures 4/1/2042	295,663	303,609
	Barrick NA Finance LLC	$190,000 par; 5.70%; matures 5/30/2041	255,343	262,662
	Barrick NA Finance LLC	$365,000 par; 5.75%; matures 5/1/2043	494,523	512,580
	Bat Capital Corp	$2,055,000 par; 4.39%; matures 8/15/2037	2,132,530	2,234,319
	Bayer US Finance II LLC	$655,000 par; 3.95%; matures 4/15/2045	601,820	705,317
	Bayer US Finance II LLC	$715,000 par; 4.70%; matures 7/15/2064	677,181	857,049
	Berkshire Hathaway Energy	$285,000 par; 4.45%; matures 1/15/2049	284,909	359,194
	Berkshire Hathaway Financial	$380,000 par; 2.85%; matures 10/15/2050	380,888	382,888
	Bimbo Bakeries USA Inc	$200,000 par; 4.00%; matures 5/17/2051	196,634	221,164
	Blackstone Holdings Financial	$175,000 par; 2.00%; matures 1/30/2032	173,427	171,705
	BP Capital Markets America	$225,000 par; 3.06%; matures 6/17/2041	225,000	231,397
	BP Capital Markets America	$294,000 par; 2.939%; matures 6/4/2051	279,702	288,241
	Bristol-Myers Squibb Co	$310,000 par; 4.55%; matures 2/20/2048	390,104	407,715
	British Telecom PLC	$135,000 par; 9.625%; matures 12/15/2030	205,714	208,198
	Broadcom Inc	$230,000 par; 4.15%; matures 11/15/2030	229,745	258,697
	Broadcom Inc	$455,000 par; 2.60%; matures 2/15/2033	424,485	450,605
	Broadcom Inc	$320,000 par; 3.50%; matures 2/15/2041	319,770	329,741
	Burlington North Santa Fe	$180,000 par; 4.95%; matures 9/15/2041	238,905	239,056
	Burlington North Santa Fe	$140,000 par; 6.15%; matures 5/1/2037	195,752	203,533
	Canadian Oil Sands	$205,000 par; 6.00%; matures 4/1/2042	240,475	236,476
	Carolina Power & Light	$290,000 par; 4.10%; matures 3/15/2043	298,923	353,501
	Cenovus Energy Inc	$345,000 par; 6.75%; matures 11/15/2039	389,199	465,874
	Centerpoint Energy Houston	$225,000 par; 3.35%; matures 4/1/2051	224,107	251,098
	Charter Comm Opt LLC/Cap	$605,000 par; 6.484%; matures 10/23/2045	731,845	843,679
	Charter Comm Opt LLC/Cap	$670,000 par; 6.834%; matures 10/23/2055	822,000	1,000,297
	Chevron USA Inc	$165,000 par; 6.00%; matures 3/1/2041	239,261	243,834
	CI Financial Corp	$625,000 par; 4.10%; matures 6/15/2051	630,936	674,425
	Cigna Corp	$755,000 par; 4.80%; matures 8/15/2038	890,456	944,490
	Citigroup Inc	$160,000 par; 6.125%; matures 8/25/2036	194,412	224,344
	Citigroup Inc	$565,000 par; 8.125%; matures 7/15/2039	859,583	974,309
	Comcast Corp	$86,000 par; 6.50%; matures 11/15/2035	111,103	125,883
	Comcast Corp	$1,627,000 par; 2.887%; matures 11/1/2051	1,538,129	1,619,303
	Comcast Corp	$202,000 par; 2.937%; matures 11/1/2056	213,424	200,091
	Commonspirit Health	$720,000 par; 4.187%; matures 10/1/2049	719,417	841,810
	Commonwealth Edison	$220,000 par; 6.45%; matures 1/15/2038	293,940	326,102
	Commonwealth Edison	$300,000 par; 4.70%; matures 1/15/2044	336,758	390,831
	Commonwealth Edison Compant	$180,000 par; 4.00%; matures 3/1/2048	179,966	216,112
	Consumers Energy Company	$80,000 par; 3.50%; matures 8/1/2051	79,685	92,221
	Cottage Health System Inc	$155,000 par; 3.304%; matures 11/01/2049	155,000	171,937
	Cox Communications Inc	$246,000 par; 4.70%; matures 12/15/2042	258,290	303,409
	Credit Suisse Group AG	$320,000 par; 2.96%; matures 5/14/2032	320,469	333,786
	CVS Health Corp	$1,150,000 par; 4.78%; matures 3/25/2038	1,251,481	1,431,152
	CVS Health Corp	$595,000 par; 5.05%; matures 3/25/2048	741,559	787,584
	Dayton Power & Light Co	$70,000 par; 3.950%; matures 6/15/2049	78,792	80,553
	Devon Financing Corp	$320,000 par; 7.875%; matures 9/30/2031	423,183	453,504
	Discovery Communications	$755,000 par; 6.35%; matures 6/1/2040	862,601	1,052,644
	DOW Chemical Company	$141,000 par; 4.25%; matures 10/1/2034	150,396	165,406
	DTE Electric Company	$160,000 par; 2.95%; matures 3/1/2050	152,359	166,533
	Duke Energy Florida LLC	$180,000 par; 4.20%; matures 7/15/2048	179,750	222,426
	Duke Energy Indiana LLC	$145,000 par; 2.75%; matures 4/1/2050	144,822	142,035
	Duke Energy Progress Inc	$710,000 par; 4.375%; matures 3/30/2044	744,554	891,135
	Duke Energy Progress LLC	$80,000 par; 3.70%; matures 10/15/2046	87,036	91,794
	Ecopetrol SA	$695,000 par; 5.875%; matures 5/28/2045	749,257	745,221
	Energy Transfer Partners	$855,000 par; 6.05%; matures 6/1/2041	911,048	1,075,154
	Energy Transfer Partners	$320,000 par; 5.15%; matures 3/15/2045	302,070	371,405
	Enlink Midstream Partner	$365,000 par; 5.05%; matures 4/1/2045	338,459	334,946
	Entergy Texas Inc	$175,000 par; 3.55%; matures 9/30/2049	196,308	192,558

Legacy GHS/Tuomey Pension Plan

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

As of August 31, 2021

*Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Enterprise Products Operating LLC	$970,000 par; 5.95%; matures 2/1/2041	1,154,657	1,350,386
	Evergy Kansas Central	$235,000 par; 3.45%; matures 4/15/2050	234,039	258,455
	Farmers Exchange Cap II	$380,000 par; 6.151%; matures 11/1/2053	431,730	496,652
	Farmers Exchange Cap III	$265,000 par; 5.454%; matures 10/15/2054	330,670	333,998
	Fifth Third Bancorp	$595,000 par; 8.25%; matures 3/1/2038	847,596	1,001,635
	Fiserv Inc	$505,000 par; 4.40%; matures 7/1/2049	521,412	617,883
	Fresnillo PLC	$140,000 par; 4.25%; matures 10/2/2050	137,207	149,297
	GE Capital Intl Funding	$2,090,000 par; 4.418%; matures 11/15/2035	2,094,140	2,536,862
	Georgia Power Company	$340,000 par; 4.30%; matures 3/15/2043	346,163	408,745
	Gilead Sciences Inc	$105,000 par; 4.60%; matures 9/1/2035	130,768	129,245
	Gilead Sciences Inc	$200,000 par; 4.75%; matures 3/1/2046	206,267	257,294
	Goldman Sachs Capital I	$800,000 par; 6.345%; matures 2/15/2034	1,017,326	1,135,856
	Goldman Sachs Group Inc	$110,000 par; 2.35%; matures 7/21/2032	110,000	111,207
	Goldman Sachs Group Inc	$280,000 par; 6.45%; matures 5/1/2036	358,557	396,659
	Goldman Sachs Group Inc	$415,000 par; 6.75%; matures 10/1/2037	519,590	604,663
	Goldman Sachs Group Inc	$525,000 par; 3.59%; matures 4/23/2039	621,499	643,498
	Goldman Sachs Group Inc	$420,000 par; 2.87%; matures 7/21/2042	420,000	424,297
	Grupo Bimbo	$210,000 par; 4.00%; matures 9/6/2049	199,317	229,688
	Health Care Service Corp	$565,000 par; 3.20%; matures 6/1/2050	574,742	600,595
	Heinz (H.J.) Finance Co	$800,000 par; 7.125%; matures 8/1/2039	1,061,994	1,214,320
	Hess Corp	$1,085,000 par; 6.00%; matures 1/15/2040	1,147,874	1,393,085
	Hess Corp	$185,000 par; 5.60%; matures 2/15/2041	217,837	230,849
	Hess Corp	$75,000 par; 5.80%; matures 4/1/2047	73,619	97,545
	Home Depot Inc	$345,000 par; 4.40%; matures 3/15/2045	417,909	441,490
	Hospital Special Surgery	$125,000 par; 2.667%; matures 10/1/2050	125,000	121,109
	HSBC Bank USA NA	$825,000 par; 7.00%, matures 1/15/2039	1,178,747	1,292,626
	HSBC Holdings PLC	$445,000 par; 2.71%, matures 5/24/2032	445,000	459,449
	HSBC Holdings PLC	$295,000 par; 6.50%, matures 9/15/2037	410,022	412,900
	Humana Inc.	$645,000 par; 8.15%; matures 6/15/2038	922,239	1,045,997
	IBM Corp	$210,000 par; 4.15%; matures 5/15/2039	208,803	252,263
	IBM Corp	$220,000 par; 5.60%; matures 11/30/2039	320,511	309,899
	Industries Penoles SAB D	$540,000 par; 5.65%; matures 9/12/2049	613,025	688,370
	Infraestructura Energeti	$100,000 par; 4.875%; matures 1/14/2048	103,213	104,500
	Infraestructura Energeti	$225,000 par; 4.75%; matures 1/15/2051	233,519	233,719
	ING Groep NV	$200,000 par; 2.62%; matures 4/1/2032	200,000	207,982
	Intercontinental Exchange	$310,000 par; 3.00%; matures 6/15/2050	305,338	314,197
	Intesa Sanpaola SP	$50,000 par; 4.95%; matures 6/1/2042	50,000	51,807
	Intl Paper Co	$355,000 par; 8.70%; matures 6/15/2038	519,449	587,532
	JP Morgan Chase & Co	$230,000 par; 2.46%; matures 2/1/2027	215,938	222,208
	JP Morgan Chase & Co	$490,000 par; 1.82%; matures 11/19/2031	491,343	474,545
	JP Morgan Chase & Co	$355,000 par; 4.31%; matures 5/15/2038	482,853	526,646
	JP Morgan Chase & Co	$1,285,000 par; 2.97%; matures 4/22/2042	1,299,387	1,362,356
	JP Morgan Chase & Co	$775,000 par; 3.05%; matures 4/22/2042	775,000	843,169
	Kinder Morgan Energy	$90,000 par; 4.11%; matures 8/15/2042	104,846	109,460
	Kinder Morgan Inc/Delaware	$145,000 par; 5.55%; matures 6/1/2045	152,226	188,151
	KKR Group Finance Co II	$55,000 par; 5.50%; matures 2/1/2043	72,863	74,394
	KKR Group Finance Co III	$235,000 par; 5.125%; matures 6/1/2044	250,100	310,195
	Kraft Foods Group Inc	$945,000 par; 5.00%; matures 6/4/2042	1,077,435	1,195,613
	Land O'Lakes Inc	$170,000 par; 6.00%; matures 11/15/2022	191,675	178,590
	Lowe's Companies Inc	$235,000 par; 6.65%; matures 9/15/2037	343,960	334,795
	Lowe's Cos Inc	$295,000 par; 2.625%; matures 4/1/2031	294,973	307,641
	Lowe's Cos Inc	$290,000 par; 3.70%; matures 4/15/2046	249,658	323,921
	Mars Inc	$75,000 par; 3.95%; matures 4/1/2044	74,834	88,642
	Mars Inc	$425,000 par; 4.125%; matures 4/1/2054	455,794	540,902
	Mass Mutual Life Insurance Co	$45,000 par; 3.375%; matures 4/15/2050	47,421	48,414
	Midamerican Energy Co	$190,000 par; 4.80%; matures 9/15/2043	217,944	248,987
	Midamerican Energy Hldgs	$638,000 par; 6.125%; matures 4/1/2036	796,944	897,672
	MPLX LP	$510,000 par; 4.50%; matures 4/15/2038	518,254	583,282
	Multicare Health System	$95,000 par; 2.803%; matures 8/15/2050	95,000	96,963
	Mutual Of Omaha Ins Co	$175,000 par; 4.297%; matures 7/15/2054	178,335	183,036
	Nationwide Mutual Insurance	$150,000 par; 9.375%; matures 8/15/2039	251,845	267,032

Legacy GHS/Tuomey Pension Plan

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

As of August 31, 2021

*Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Nokia Corp	$425,000 par; 6.625%; matures 5/15/2039	456,620	592,913
	Norfolk Southern Corp	$475,000 par; 5.10%; matures 8/1/2118	480,212	634,743
	Nvidea Corp	$220,000 par; 3.50%; matures 4/1/2040	224,337	250,309
	Oglethorpe Power Corp	$190,000 par; 5.25%; matures 9/1/2050	206,961	245,965
	Old Republic International Corp	$230,000 par; 3.85%; matures 6/11/2051	229,837	252,177
	Oncor Electric Delivery	$190,000 par; 3.70%; matures 5/15/2050	189,440	225,104
	Oracle Corp	$355,000 par; 3.80%; matures 11/15/2037	352,968	388,768
	Oracle Corp	$1,035,000 par; 3.60%; matures 4/1/2040	1,050,321	1,098,745
	Oracle Corp	$480,000 par; 5.375%; matures 7/15/2040	599,083	621,278
	Oracle Corp	$360,000 par; 4.125%; matures 5/15/2045	389,092	403,499
	Oracle Corp	$220,000 par; 4.00%; matures 7/15/2046	226,711	242,286
	Oracle Corp	$885,000 par; 3.60%; matures 4/1/2050	875,956	923,073
	Oracle Corp	$295,000 par; 3.85%; matures 4/1/2060	293,864	317,034
	Orlando Health OBL Group	$175,000 par; 3.327%; matures 10/1/2050	175,000	189,761
	Pacific Gas & Electric	$130,000 par; 4.20%; matures 6/1/2041	129,620	127,184
	Pacific Gas & Electric	$840,000 par; 4.45%; matures 4/15/2042	883,214	833,288
	Pacific Gas & Electric	$25,000 par; 3.75%; matures 8/15/2042	24,248	22,453
	Pacific Life Insurance Co	$145,000 par; 4.30%; matures 10/24/2067	144,988	169,227
	Pacific Lifecorp	$235,000 par; 3.35%; matures 9/15/2050	233,880	255,452
	Pacificorp	$460,000 par; 3.30%; matures 3/15/2051	471,288	491,055
	Peco Energy Co	$50,000 par; 3.70%; matures 9/15/2047	49,812	57,896
	Petroleos Mexicanos	$1,150,000 par; 7.69%; matures 1/23/2050	1,126,115	1,097,985
	Pfizer Inc.	$60,000 par; 7.20%; matures 3/15/2039	99,276	98,302
	Pfizer Inc.	$300,000 par; 5.60%; matures 9/15/2040	419,214	433,545
	Philip Morris Intl Inc	$570,000 par; 3.875%; matures 8/21/2042	564,761	629,890
	Puget Sound Energy Inc	$150,000 par; 4.223%; matures 6/15/2048	150,000	185,607
	Reynolds American Inc	$1,620,000 par; 7.25%; matures 6/15/2037	2,147,888	2,205,516
	Reynolds American Inc	$460,000 par; 8.125%; matures 5/1/2040	625,027	676,724
	Royalty Pharma PLC	$220,000 par; 3.30%; matures 9/2/2040	212,938	223,381
	Royalty Pharma PLC	$395,000 par; 3.55%; matures 9/2/2050	382,390	395,648
	RWJ Barnabas Health	$90,000 par; 3.477%; matures 7/1/2049	93,399	101,249
	San Diego G&E	$155,000 par; 3.32%; matures 4/15/2050	154,794	166,898
	Saudi Arabian Oil Co	$195,000 par; 4.375%; matures 4/16/2049	231,013	227,834
	Saudi Arabian Oil Co	$200,000 par; 3.25%; matures 11/24/2050	198,104	196,004
	Saudi Arabian Oil Co	$260,000 par; 3.50%; matures 11/24/2070	256,968	254,192
	Scentre Group Trust 2	$270,000 par; 4.46%; matures 9/24/2080	270,000	287,375
	Scentre Group Trust 2	$530,000 par; 4.75%; matures 9/24/2080	530,000	571,022
	Sempra Energy	$370,000 par; 3.80%; matures 2/1/2038	348,237	414,718
	Societe Generale	$480,000 par; 3.625%; matures 3/1/2041	478,371	491,650
	South Carolina Elec&Gas	$210,000 par; 5.10%; matures 6/1/2065	223,209	310,695
	Southern Co Gas Capital	$260,000 par; 3.95%; matures 10/1/2046	244,520	296,093
	Sprint Spectrum/Spec I	$1,165,000 par; 5.152%; matures 3/20/2028	1,207,088	1,341,671
	Suncor Energy Inc	$435,000 par; 5.95%; matures 12/1/2034	522,203	578,672
	T-Mobile USA Inc	$125,000 par; 3.30%; matures 2/15/2051	113,756	125,370
	T-Mobile USA Inc	$415,000 par; 3.30%; matures 11/15/2060	413,942	424,815
	Takeda Pharmaceutical	$405,000 par; 3.025%; matures 7/9/2040	411,703	418,410
	Takeda Pharmaceutical	$700,000 par; 3.175%; matures 7/9/2050	692,605	724,815
	Teachers Insurance & Annuity	$260,000 par; 3.30%; matures 5/15/2050	263,822	279,848
	Tennessee Gas Pipeline	$460,000 par; 8.375%; matures 6/15/2032	634,326	680,322
	Teva Pharmaceutical Finance LLC	$420,000 par; 6.15%; matures 2/1/2036	461,819	466,200
	Teva Pharmaceutical NE	$575,000 par; 2.80%; matures 7/21/2023	567,664	567,123
	Time Warner Cable Inc	$250,000 par; 6.55%; matures 5/1/2037	310,305	341,150
	Time Warner Cable Inc	$665,000 par; 7.30%; matures 7/1/2038	871,848	968,725
	Time Warner Cable Inc	$525,000 par; 6.75%; matures 6/15/2039	709,717	733,241
	Time Warner Entmt Co L P Sr Sub	$610,000 par; 8.375%; matures 7/15/2033	844,249	908,400
	Toledo Edison Company	$400,000 par; 6.15%; matures 5/15/2037	486,156	554,344
	Transocean Sentry LTD	$399,752.86 par; 5.375%; matures 5/15/2023	394,911	382,763
	United Mexico States	$55,000 par; 4.28%; matures 8/14/2041	54,966	58,847
	United Mexico States	$215,000 par; 4.75%; matures 3/8/2044	239,441	241,980
	United Mexico States	$685,000 par; 5.75%; matures 10/12/2110	828,826	835,508
	United Technologies Corp	$210,000 par; 6.125%; matures 7/15/2038	314,567	299,836
	United Technologies Corp	$55,000 par; 5.70%; matures 4/15/2040	76,696	76,820
	United Technologies Corp	$950,000 par; 4.50%; matures 6/1/2042	1,191,167	1,188,563
	United Technologies Corp	$105,000 par; 4.15%; matures 5/15/2045	125,273	125,332
	United Technologies Corp	$85,000 par; 4.625%; matures 11/16/2048	105,087	109,664

Legacy GHS/Tuomey Pension Plan

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

As of August 31, 2021

*Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Unitedhealth Group Inc	$150,000 par; 3.50%; matures 8/15/2039	162,278	169,290
	Unitedhealth Group Inc	$275,000 par; 3.05%; matures 5/15/2041	273,818	291,709
	Unitedhealth Group Inc	$150,000 par; 3.95%; matures 10/15/2042	185,762	179,006
	Unitedhealth Group Inc	$340,000 par; 4.75%; matures 7/15/2045	424,228	453,234
	Unitedhealth Group Inc	$85,000 par; 4.25%; matures 6/15/2048	110,497	107,222
	Vale Inco LTD	$180,000 par; 7.20%; matures 9/15/2032	212,400	235,665
	Vale Overseas Limited	$335,000 par; 6.875%; matures 11/21/2036	437,709	497,891
	Vale Overseas Limited	$375,000 par; 6.875%; matures 11/10/2039	502,594	536,535
	Vale SA	$305,000 par; 5.625%; matures 9/11/2042	342,743	392,614
	Validus Holdings Ltd	$350,000 par; 8.875%; matures 1/26/2040	514,502	583,573
	Verizon Communications	$270,000 par; 4.272%; matures 1/15/2036	326,203	322,801
	Verizon Communications	$1,545,000 par; 5.25%; matures 3/16/2037	1,782,085	2,047,124
	Verizon Communications	$260,000 par; 4.812%; matures 3/15/2039	331,704	329,784
	Verizon Communications	$330,000 par; 3.40%; matures 3/22/2041	329,809	353,559
	Verizon Communications	$1,370,000 par; 4.862%; matures 8/21/2046	1,668,606	1,783,520
	Verizon Communications	$320,000 par; 2.875%; matures 11/20/2050	319,168	308,278
	Verizon Communications	$310,000 par; 3.55%; matures 3/22/2051	307,226	336,815
	Verizon Communications	$180,000 par; 3.70%; matures 3/22/2061	178,180	197,912
	Viacom	$155,000 par; 5.50%; matures 5/15/2033	197,492	198,602
	Viacom Inc	$180,000 par; 6.875%; matures 4/30/2036	248,504	259,430
	Viacom Inc	$120,000 par; 4.375%; matures 3/15/2043	100,334	140,299
	Viacom Inc	$250,000 par; 5.85%; matures 9/1/2043	315,088	345,265
	Viacom Inc	$435,000 par; 5.80%; matures 2/28/2057	448,113	440,433
	Viacom Inc	$940,000 par; 5.48%; matures 2/28/2057	962,908	1,072,050
	Virginia Electric Power	$180,000 par; 6.35%; matures 11/30/2037	244,094	264,024
	Wachovia Bank NA	$475,000 par; 6.60%; matures 1/15/2038	686,608	697,466
	Wachovia Bank NA	$60,000 par; 5.85%; matures 2/1/2037	72,837	82,063
	The Walt Disney Company	$455,000 par; 6.20%; matures 12/15/2034	573,402	646,673
	The Walt Disney Company	$341,000 par; 6.40%; matures 12/15/2035	472,753	503,070
	Wells Fargo & Company	$205,000 par; 7.95%; matures 11/15/2029	259,838	285,333
	Wells Fargo & Company	$330,000 par; 5.95%; matures 12/15/2036	396,559	459,327
	Wells Fargo & Company	$640,000 par; 2.92%; matures 4/30/2041	640,876	670,822
	Wells Fargo & Company	$205,000 par; 5.606%; matures 1/15/2044	219,584	283,882
	Westpac Banking Corp	$105,000 par; 2.68%; matures 11/15/2035	105,000	104,189
	Williams Cos Inc	$355,000 par; 8.75%; matures 3/15/2032	461,304	549,458
	Williams Partners Lp	$350,000 par; 5.80%; matures 11/15/2043	381,210	465,252
	Wisconsin Power & Light	$155,000 par; 3.65%; matures 4/1/2050	154,803	179,165
	Total corporate bonds		120,591,727	131,956,558
	Foreign bonds			
	Chile Government International	$465,000 par; 3.50%; matures 4/15/2053	465,000	499,829
			465,000	499,829
	Limited partnerships, limited liability companies, and hedge funds			
	BPIF Non-Taxable L.P.	Limited partnership investment	46,600,000	58,417,483
	Total limited partnerships, limited liability companies, and hedge funds		46,600,000	58,417,483
	Collective trust funds			
	Arrowstreet Capital	Global Equity ACWI Fund Class B	65,377,047	70,757,200
	Boston Trust Walden Company	SMID Cap CIT	17,000,000	18,748,659
	State Street Global Advisors	S&P 500 R Flagship Class N	38,186,801	67,089,953
	State Street Global Advisors	20+ Year U.S. Treasury STRIPS	51,729,879	53,112,013
	Total collective trust funds		172,293,727	209,707,825
	Institutional trust funds			
	Global Alpha Capital Management Ltd.	International Small Cap Fund	13,027,897	15,133,868
	Martingale Asset Management	Martingale Investment Trust - Series 1	34,500,000	58,099,018
	William Blair & Company, L.L.C.	William Blair Intl Leaders CIT Fund	31,370,679	57,558,980
	Total institutional trust funds		78,898,576	130,791,866
			$ 479,518,545	$ 591,962,214

* Indicates a party-in-interest to the Plan

Legacy GHS/Tuomey Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
For the year ended August 31, 2021

	Identity of party involved	Description of asset	Purchase price	Selling price	Lease rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Series of transactions with respect to securities of the same issue in excess of 5% of plan assets:									
	Arrowstreet Capital	Global Equity ACWI Fund Class B	$ 4,000,000	$ -	$ -	$ -	$ 4,000,000	$ 4,000,000	$ -
	Arrowstreet Capital	Global Equity ACWI Fund Class B	-	38,207,441	-	-	38,207,441	64,148,937	25,941,496
	Arrowstreet Capital	Global Equity ACWI Fund Class C	68,148,937	-	-	-	68,148,937	68,148,937	-
	Arrowstreet Capital	Global Equity ACWI Fund Class C	-	2,771,890	-	-	2,771,890	3,000,000	228,110
	State Street Global Advisors	S&P 500 R Flagship Class N	8,000,000	-	-	-	8,000,000	8,000,000	-
	State Street Global Advisors	S&P 500 R Flagship Class N	-	16,923,136	-	-	16,923,136	25,009,356	8,086,220
	State Street Global Advisors	20+ Year U.S. Treasury STRIPS	25,000,000	-	-	-	25,000,000	25,000,000	-
	State Street Global Advisors	20+ Year U.S. Treasury STRIPS	-	985,648	-	-	985,648	1,014,846	29,198
	US Treasury Bond	$20,655,000 par; 1.375%; matures 8/15/2050	19,309,057	-	-	-	19,309,057	19,309,057	-
	US Treasury Bond	$26,515,000 par; 1.375%; matures 8/15/2050	-	25,177,960	-	-	25,177,960	23,547,471	(1,630,489)
	US Treasury Bond	$20,095,000 par; 1.625%; matures 11/15/2050	18,064,432	-	-	-	18,064,432	18,064,432	-
	US Treasury Bond	$20,095,000 par; 1.625%; matures 11/15/2050	-	18,064,421	-	-	18,064,421	17,570,722	(493,699)
	US Treasury Bond	$17,250,000 par; 1.875%; matures 2/15/2051	15,743,077	-	-	-	15,743,077	15,743,077	-
	US Treasury Bond	$14,880,000 par; 1.875%; matures 2/15/2051	-	13,562,413	-	-	13,562,413	14,136,693	574,280
	The Vanguard Group	Extended Market Index Fund Institutional Shares	17,000,000	-	-	-	17,000,000	17,000,000	-
	The Vanguard Group	Extended Market Index Fund Institutional Shares	-	17,000,000	-	-	17,000,000	17,101,379	101,379
*	Wells Fargo Bank, N.A.	Government Money Market Fund	224,295,661	-	-	-	224,295,661	224,295,661	-
*	Wells Fargo Bank, N.A.	Government Money Market Fund	-	230,120,165	-	-	230,120,165	230,120,165	-

* Indicates a party-in-interest to the Plan

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date	Amount	Days to Discount to 9/1/2021 at 5.58%	Interest Adjusted Contribution
December 14, 2021	$ 6,597,000	104	$ 6,495,720
March 14, 2022	6,597,000	194	6,409,331
June 14, 2022	6,597,000	286	6,322,208
Total Contribution	$ 19,791,000		$ 19,227,259

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

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

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

Legacy GHS active participants

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	4.00%	0.8836	2.01
58	6.00%	0.8483	2.95
59	6.00%	0.7974	2.82
60	9.00%	0.7495	4.05
61	12.00%	0.6821	4.99
62	15.00%	0.6002	5.58
63	15.00%	0.5102	4.82
64	20.00%	0.4337	5.55
65	60.00%	0.3469	13.53
66	90.00%	0.1388	8.24
67	100.00%	0.0139	0.93
		Weighted Average	61.93

Legacy Tuomey active participants

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	10.00%	0.6268	3.89
63	10.00%	0.5641	3.55
64	40.00%	0.5077	13.00
65	100.00%	0.3046	19.80
	Weighted Average		62.00

Weighted Average:
Legacy GHS actives = 2,967 Legacy Tuomey actives = 426
Weighted average = ((2,967 x 61.93) + (426 x 62.00)) / (2,967+426) = 61.94

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The September 1, 2021 funding valuation reflects the following non-prescribed assumption change:

- A change in the unlimited expected return on assets to 5.43%

This change was made to better reflect the anticipated plan experience. The assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of September 1, 2021

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			3	5						
35-39			4	167	59	5				
40-44			4	219	185	73				
45-49			4	182	184	126	44	2		
50-54		2	1	196	182	148	87	35		
55-59			8	165	181	157	75	88	42	4
60-64			2	130	134	124	68	79	71	31
65-69				31	21	22	8	10	8	14
70+				2		1				

N-3,393

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ (57,480,949)	September 1, 2021	15	$ (5,359,615)
Shortfall	$ (21,240,082)	September 1, 2020	14	$ (2,073,540)
Shortfall	$ 94,317,869	September 1, 2019	13	$ 9,687,389

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of May 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of May 2021), without regard to interest rate stabilization
1st Segment Rate	1.36%
2nd Segment Rate	2.80%
3rd Segment Rate	3.49%
Retirement Age	
Active Participants	See Table 1 for Legacy GHS participants See Table 2 for Legacy Tuomey participants Based on 2021 assumption study
Terminated Vested Participants	100% at age 65 for Legacy Tuomey participants See Table 3 for Legacy GHS participants Based on 2021 assumption study
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.
Withdrawal Rates	See Table 4 for Legacy GHS participants See Table 5 for Legacy Tuomey participants Based on 2021 assumption study
Disability Rates	None
Decrement Timing	Beginning of year

Surviving Spouse Benefit	For Legacy Tuomey participants, it is assumed that 100% of males and females have an eligible spouse, and that married couples are the same age. For Legacy GHS participants, it is assumed that 90% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $230,000 and the IRC section 401(a)(17) compensation limit of $290,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2019 Plan Year	6.50%, limited to 6.11%
2020 Plan Year	6.00%%
2021 Plan Year	5.43% Based on asset allocations and plan sponsor’s input
Trust Expenses Included in Target Normal Cost	The expenses included in the Target Normal Cost reflect the current year's expected PBGC premiums and administrative expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	September 1, 2021

Actuarial Assumptions and Methods

Table 1

Retirement Rates—Legacy GHS Actives

Age	Rate
55	6.00%
56	6.00%
57	4.00%
58	6.00%
59	6.00%
60	9.00%
61	12.00%
62	15.00%
63	15.00%
64	20.00%
65	60.00%
66	90.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Table 2

Retirement Rates—Legacy Tuomey Actives

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	40.00%
65	100.00%
66	100.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Table 3

Retirement Rates—Legacy GHS Terminated Vested

Age	Rate
55	10.00%
56	6.00%
57	6.00%
58	6.00%
59	10.00%
60	10.00%
61	25.00%
62	25.00%
63	25.00%
64	50.00%
65+	100.00%

Table 4

Withdrawal Rates—Legacy GHS Actives

Age	Rate	Age	Rate
25	20.00%	55	9.00%
26	15.00%	56	9.00%
27	12.00%	57	9.00%
28	12.00%	58	9.00%
29	10.00%	59	9.00%
30	8.00%	60	13.00%
31	8.00%	61	13.00%
32	8.00%	62	13.00%
33	8.00%	63	13.00%
34	8.00%	64	13.00%
35	7.00%	65	13.00%
36	7.00%	66	13.00%
37	7.00%	67	13.00%
38	7.00%	68	13.00%
39	7.00%	69	13.00%
40	5.50%	70+	100.00%
41	5.50%		
42	5.50%		
43	5.50%		
44	5.50%		
45	5.50%		
46	5.50%		
47	5.50%		
48	5.50%		
49	5.50%		
50	5.50%		
51	5.50%		
52	5.50%		
53	5.50%		
54	5.50%		

Table 5

Withdrawal Rates—Legacy Tuomey Actives

Age	Rate	Age	Rate
20	20.00%	50	9.00%
21	20.00%	51	9.00%
22	20.00%	52	9.00%
23	20.00%	53	9.00%
24	20.00%	54	9.00%
25	15.00%	55	9.00%
26	15.00%	56	9.00%
27	15.00%	57	9.00%
28	15.00%	58	9.00%
29	15.00%	59	9.00%
30	10.00%	60	40.00%
31	10.00%	61	40.00%
32	10.00%	62	40.00%
33	10.00%	63	40.00%
34	10.00%	64	40.00%
35	8.00%	65	40.00%
36	8.00%	66	40.00%
37	8.00%	67	40.00%
38	8.00%	68	40.00%
39	8.00%	69	40.00%
40	6.00%	70+	40.00%
41	6.00%		
42	6.00%		
43	6.00%		
44	6.00%		
45	4.00%		
46	4.00%		
47	4.00%		
48	4.00%		
49	4.00%		

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective September 30, 2018, the GHS Plan was merged into the Tuomey Plan. The plan was renamed the Legacy GHS/Tuomey Pension Plan and was amended and restated effective September 30, 2018.

Tuomey Healthcare System Employees Retirement Plan

Original Effective Date	January 1, 1968. The plan was last amended effective July 31, 2018 to change the definition of plan year.
Plan Year	The period beginning on January 1, 2018 and ending August 31, 2018 and thereafter the 12-month period ending on each August 31. Prior to January 1, 2018, the plan year was the calendar year.
Eligibility Requirements	Any eligible employee becomes a participant as of the first anniversary of their employment, if he or she has completed 1,000 or more hours of service on that date. Effective December 31, 2009, the plan was closed to new participants.
Eligible Employee	Any person employed by Tuomey, excluding physicians and leased employees. Effective December 31, 2009, the plan was closed to new participants.
Vesting Service	The sum of all plan years in which 1,000 or more hours of service are completed by a participant.
Credited Service	The sum of all plan years in which 1,000 or more hours of service are completed by a participant. Effective December 31, 2009, the plan was frozen to future benefit accruals.
Annual Compensation	All compensation received during the year except any deferred income or contribution to other non-taxable fringe benefits. No compensation over the 401(a)(17) limit is recognized.
Average Annual	The average of the highest 10 consecutive years of compensation. Effective December 31, 2009, average annual compensation under the plan was frozen.
Accrued Benefit	The accrued benefit is 1% of average annual compensation multiplied by credited service plus 0.2% of average annual compensation in excess of $6,000 multiplied by credited service. In no event will the annual accrued benefit be less than the greater of $180 or $36 multiplied by the participant's credited service. Effective

	December 31, 2009, the plan was frozen to future benefit accruals.
Normal Retirement	
Eligibility	Age 65 for those hired before March 1, 2007. Age 65 with five years of vesting service for those hired on or after March 1, 2007.
Amount	The accrued benefit payable immediately.
Early Retirement	
Eligibility	Age 55 and 15 years of vesting service.
Amount	The accrued benefit payable at normal retirement date or with an earlier commencement with the accrued benefit reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years that commencement precedes normal retirement date.
Late Retirement	
Eligibility	Retirement after normal retirement date.
Amount	The accrued benefit using pay and service to the actual retirement date or accrued benefit as of normal retirement date actuarially increased to late retirement date, if larger. A participant who continues to work past normal retirement date will begin receiving in-service distributions as of the normal retirement date unless the participant elects to defer the benefit until his or her actual date of retirement.
Termination	
Eligibility	Termination with vested rights.
Amount	Accrued benefit.
Benefit Commencement	Payable at normal retirement date, or on a reduced basis as early as age 55 if the participant has at least 15 years of vesting service. The reduction is the same as described above under Early Retirement if the participant was at least 55 years old at termination. The reduction is based on the plan's actuarial equivalence definition if the participant was under 55 years old at termination.
Vesting Schedule	100% vested after five years of vesting service or, if hired before March 1, 2007, age 65 if earlier.

Preretirement Death	
Eligibility	Death of a participant who has earned the right to a vested benefit.
Amount	
Benefit Commencement	For surviving spouses, the amount which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity, and died prior to the first payment. In the event there is no surviving spouse, the beneficiary or estate will receive the actuarial equivalent of the amount that would be payable to a surviving spouse of the same age as the participant. For surviving spouses, at the time the employee would have attained age 55, or immediately if the participant was eligible for an early retirement benefit. In the event there is no surviving spouse, the benefit is payable within one year following the participant's death.
Normal Form of Payment	Life annuity for single participants and actuarially equivalent joint and 50% survivor annuity for married participants.
Optional Forms	In lieu of the normal form of benefit, the participant may elect one of the optional forms on a basis actuarially equivalent to the normal form: straight life annuity, joint and 100% survivor benefit, joint and 75% survivor benefit, joint and 50% survivor benefit, 10-year certain and life annuity, or level payments with Social Security. If married, the participant's spouse must agree in writing if the benefit form elected is not the joint and 50% form.
Actuarial Equivalence	Annuity Form: 8% interest and the 1984 Unisex Pension Mortality Table with 20% male content for participants and beneficiaries. Lump Sum (applicable if less than $5,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Greenville Hospital System Pension Plan

Eligibility	Up to September 1, 1989: All full-time employees (those working 36 hours per week and five months per year excluding interns, residents, and physicians) eligible on first of month coincident with or next following completion of 12 months of employment and attainment of age 25. After September 1, 1989: All employees eligible upon completion of 12 months of service with 1,000 or more hours of service and attainment of age 25. In addition, all retirees receiving benefits under the informal plan as of September 1, 1989 will receive subsequent benefit payments from the Strategic Coordinating Organization Pension Plan. Eligibility is frozen effective August 31, 2010. Employees who had not met the eligibility requirements by August 31, 2010 shall not participate in the plan.
Credited Service	Up to September 1, 1989: Elapsed time measured from date of employment (includes years and full months of unbroken full-time employment). After September 1, 1989: Plan year with 1,000 or more hours of service. Total credited service shall not exceed 40 years.
Normal Retirement Date	First of month coincident with or next following attainment of age 65 and completion of five years of vesting service.
Compensation	Total base pay including performance awards, but excluding bonuses, overtime, shift differential, the cost of employee benefits, any deferred compensation contributions, and any other extraordinary remuneration.
Final Average Compensation	Highest five consecutive calendar years out of last 10.

Normal Retirement Benefit	0.75% of final average compensation multiplied by credited service up to 20 years, plus 1.5% of final average compensation multiplied by credited service in excess of 20 years (not to exceed an additional 20 years), plus 0.5% of final average compensation in excess of covered compensation (35 year average of Social Security taxable wage base based on participant's Social Security normal retirement age) multiplied by credited service not to exceed 35 years; subject to minimum monthly benefit of $5 multiplied by credited service up to 20 years (subject to a minimum of $50), or accrued benefit determined under prior plan as of August 31, 1989; normal form of benefit is a straight life annuity.
Employee Contributions	None.
Accrued Benefit	Normal retirement benefit based on final average compensation and covered compensation at date of determination and projected credited service at normal retirement date, multiplied by ratio of credited service at date of determination to projected credited service at normal retirement date (not to exceed 40 years on base formula portion or 35 years on excess formula portion); subject to minimum accrued benefit of accrued benefit under prior plan as of August 31, 1989. Accrued benefits were frozen effective August 31, 2010.
Early Retirement	Age 55 and 10 years of service; accrued benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next two years that early retirement precedes age 62 (no reduction for retirement between age 62 and 65).
Delayed Retirement	Continuation in plan with continuing credit for service and compensation but not beyond August 31, 2010.
Disability Retirement	Disabled participant who has completed five years of service continued in plan during disability but not beyond August 31, 2010 at rate of compensation at date of disability.
Death Benefit	Benefit payable to spouse at participant’s earliest retirement date, calculated as if the participant lived to and retired on that date, and elected joint & 50% survivor annuity, with such 50% survivor annuity immediately payable to spouse.

Actuarial Equivalence	Annuity Form: 30-year Treasury rate for November and applicable mortality under 417(e). Lump Sum (applicable if less than $5,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

▶ **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
LEGACY GHS/TUOMEY 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
Prisma Health System

D Employer Identification Number (EIN)
82-2595551

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 09 Day 01 Year 2021

2 Assets:

a Market value	**2a**	606,442,133
b Actuarial value	**2b**	562,386,126

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	3,936	340,534,123	340,534,123
b For terminated vested participants	2,338	84,288,483	84,288,483
c For active participants	3,393	149,805,986	153,160,358
d Total	9,667	574,628,592	577,982,964

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**	5.58%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	6,664,216
c Total (line 6a + line 6b)	**6c**	6,664,216

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 Margo A. Burdette (MAB)

Signature of actuary — Date: 06/13/2023

MARGO A. BURDETTE — Type or print name of actuary

2305676 — Most recent enrollment number

AON CONSULTING, INC. — Firm name

770-690-7382 — Telephone number (including area code)

MSC# 17838
PO Box 551343
ATLANTA GA 30355
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 15.57%	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)		28,711,696
	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 5.73%		1,645,180
	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		30,356,876
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	97.30%
15	Adjusted funding target attainment percentage	15	97.30%
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	86.56%
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
12/14/2021	6,597,000	0			
03/14/2022	6,597,000	0			
06/14/2022	6,597,000	0			
		Totals ► 18(b)	19,791,000	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	19,227,259

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	6,664,216
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	15,596,838	2,254,234
b Waiver amortization installment		0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	8,918,450

	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**	8,918,450
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	19,227,259

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

a Total (excess, if any, of line 37 over line 36)	**38a**	10,308,809
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2021

Date	Amount	Days to Discount to 9/1/2021 at 5.58%	Interest Adjusted Contribution
December 14, 2021	$ 6,597,000	104	$ 6,495,720
March 14, 2022	6,597,000	194	6,409,331
June 14, 2022	6,597,000	286	6,322,208
Total Contribution	$ 19,791,000		$ 19,227,259

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

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

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

Legacy GHS active participants

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	6.00%	1.0000	3.30
56	6.00%	0.9400	3.16
57	4.00%	0.8836	2.01
58	6.00%	0.8483	2.95
59	6.00%	0.7974	2.82
60	9.00%	0.7495	4.05
61	12.00%	0.6821	4.99
62	15.00%	0.6002	5.58
63	15.00%	0.5102	4.82
64	20.00%	0.4337	5.55
65	60.00%	0.3469	13.53
66	90.00%	0.1388	8.24
67	100.00%	0.0139	0.93
		Weighted Average	61.93

Legacy Tuomey active participants

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	5.00%	0.8145	2.40
60	10.00%	0.7738	4.64
61	10.00%	0.6964	4.25
62	10.00%	0.6268	3.89
63	10.00%	0.5641	3.55
64	40.00%	0.5077	13.00
65	100.00%	0.3046	19.80
	Weighted Average		62.00

Weighted Average:
Legacy GHS actives = 2,967 Legacy Tuomey actives = 426
Weighted average = ((2,967 x 61.93) + (426 x 62.00)) / (2,967+426) = 61.94

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The September 1, 2021 funding valuation reflects the following non-prescribed assumption change:

- A change in the unlimited expected return on assets to 5.43%

This change was made to better reflect the anticipated plan experience. The assumption change did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of September 1, 2021

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			3	5						
35-39			4	167	59	5				
40-44			4	219	185	73				
45-49			4	182	184	126	44	2		
50-54		2	1	196	182	148	87	35		
55-59			8	165	181	157	75	88	42	4
60-64			2	130	134	124	68	79	71	31
65-69				31	21	22	8	10	8	14
70+				2		1				

N-3,393

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ (57,480,949)	September 1, 2021	15	$ (5,359,615)
Shortfall	$ (21,240,082)	September 1, 2020	14	$ (2,073,540)
Shortfall	$ 94,317,869	September 1, 2019	13	$ 9,687,389

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of May 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of May 2021), without regard to interest rate stabilization
1st Segment Rate	1.36%
2nd Segment Rate	2.80%
3rd Segment Rate	3.49%
Retirement Age	
Active Participants	See Table 1 for Legacy GHS participants See Table 2 for Legacy Tuomey participants Based on 2021 assumption study
Terminated Vested Participants	100% at age 65 for Legacy Tuomey participants See Table 3 for Legacy GHS participants Based on 2021 assumption study
Mortality Rates	
Healthy and Disabled	2021 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2019-67.
Withdrawal Rates	See Table 4 for Legacy GHS participants See Table 5 for Legacy Tuomey participants Based on 2021 assumption study
Disability Rates	None
Decrement Timing	Beginning of year

Surviving Spouse Benefit	For Legacy Tuomey participants, it is assumed that 100% of males and females have an eligible spouse, and that married couples are the same age. For Legacy GHS participants, it is assumed that 90% of males and 70% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $230,000 and the IRC section 401(a)(17) compensation limit of $290,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2019 Plan Year	6.50%, limited to 6.11%
2020 Plan Year	6.00%%
2021 Plan Year	5.43% Based on asset allocations and plan sponsor’s input
Trust Expenses Included in Target Normal Cost	The expenses included in the Target Normal Cost reflect the current year's expected PBGC premiums and administrative expenses.
Actuarial Method	Standard unit credit cost method
Valuation Date	September 1, 2021

Actuarial Assumptions and Methods

Table 1

Retirement Rates—Legacy GHS Actives

Age	Rate
55	6.00%
56	6.00%
57	4.00%
58	6.00%
59	6.00%
60	9.00%
61	12.00%
62	15.00%
63	15.00%
64	20.00%
65	60.00%
66	90.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Table 2

Retirement Rates—Legacy Tuomey Actives

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	40.00%
65	100.00%
66	100.00%
67	100.00%
68	100.00%
69	100.00%
70+	100.00%

Table 3

Retirement Rates—Legacy GHS Terminated Vested

Age	Rate
55	10.00%
56	6.00%
57	6.00%
58	6.00%
59	10.00%
60	10.00%
61	25.00%
62	25.00%
63	25.00%
64	50.00%
65+	100.00%

Table 4

Withdrawal Rates—Legacy GHS Actives

Age	Rate	Age	Rate
25	20.00%	55	9.00%
26	15.00%	56	9.00%
27	12.00%	57	9.00%
28	12.00%	58	9.00%
29	10.00%	59	9.00%
30	8.00%	60	13.00%
31	8.00%	61	13.00%
32	8.00%	62	13.00%
33	8.00%	63	13.00%
34	8.00%	64	13.00%
35	7.00%	65	13.00%
36	7.00%	66	13.00%
37	7.00%	67	13.00%
38	7.00%	68	13.00%
39	7.00%	69	13.00%
40	5.50%	70+	100.00%
41	5.50%		
42	5.50%		
43	5.50%		
44	5.50%		
45	5.50%		
46	5.50%		
47	5.50%		
48	5.50%		
49	5.50%		
50	5.50%		
51	5.50%		
52	5.50%		
53	5.50%		
54	5.50%		

Table 5

Withdrawal Rates—Legacy Tuomey Actives

Age	Rate	Age	Rate
20	20.00%	50	9.00%
21	20.00%	51	9.00%
22	20.00%	52	9.00%
23	20.00%	53	9.00%
24	20.00%	54	9.00%
25	15.00%	55	9.00%
26	15.00%	56	9.00%
27	15.00%	57	9.00%
28	15.00%	58	9.00%
29	15.00%	59	9.00%
30	10.00%	60	40.00%
31	10.00%	61	40.00%
32	10.00%	62	40.00%
33	10.00%	63	40.00%
34	10.00%	64	40.00%
35	8.00%	65	40.00%
36	8.00%	66	40.00%
37	8.00%	67	40.00%
38	8.00%	68	40.00%
39	8.00%	69	40.00%
40	6.00%	70+	40.00%
41	6.00%		
42	6.00%		
43	6.00%		
44	6.00%		
45	4.00%		
46	4.00%		
47	4.00%		
48	4.00%		
49	4.00%		

Schedule SB Attachment (Form 5500)—2021 Plan Year
Legacy GHS/Tuomey Pension Plan
EIN: 82-2595551 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective September 30, 2018, the GHS Plan was merged into the Tuomey Plan. The plan was renamed the Legacy GHS/Tuomey Pension Plan and was amended and restated effective September 30, 2018.

Tuomey Healthcare System Employees Retirement Plan

Original Effective Date	January 1, 1968. The plan was last amended effective July 31, 2018 to change the definition of plan year.
Plan Year	The period beginning on January 1, 2018 and ending August 31, 2018 and thereafter the 12-month period ending on each August 31. Prior to January 1, 2018, the plan year was the calendar year.
Eligibility Requirements	Any eligible employee becomes a participant as of the first anniversary of their employment, if he or she has completed 1,000 or more hours of service on that date. Effective December 31, 2009, the plan was closed to new participants.
Eligible Employee	Any person employed by Tuomey, excluding physicians and leased employees. Effective December 31, 2009, the plan was closed to new participants.
Vesting Service	The sum of all plan years in which 1,000 or more hours of service are completed by a participant.
Credited Service	The sum of all plan years in which 1,000 or more hours of service are completed by a participant. Effective December 31, 2009, the plan was frozen to future benefit accruals.
Annual Compensation	All compensation received during the year except any deferred income or contribution to other non-taxable fringe benefits. No compensation over the 401(a)(17) limit is recognized.
Average Annual	The average of the highest 10 consecutive years of compensation. Effective December 31, 2009, average annual compensation under the plan was frozen.
Accrued Benefit	The accrued benefit is 1% of average annual compensation multiplied by credited service plus 0.2% of average annual compensation in excess of $6,000 multiplied by credited service. In no event will the annual accrued benefit be less than the greater of $180 or $36 multiplied by the participant's credited service. Effective

	December 31, 2009, the plan was frozen to future benefit accruals.
Normal Retirement	
Eligibility	Age 65 for those hired before March 1, 2007. Age 65 with five years of vesting service for those hired on or after March 1, 2007.
Amount	The accrued benefit payable immediately.
Early Retirement	
Eligibility	Age 55 and 15 years of vesting service.
Amount	The accrued benefit payable at normal retirement date or with an earlier commencement with the accrued benefit reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years that commencement precedes normal retirement date.
Late Retirement	
Eligibility	Retirement after normal retirement date.
Amount	The accrued benefit using pay and service to the actual retirement date or accrued benefit as of normal retirement date actuarially increased to late retirement date, if larger. A participant who continues to work past normal retirement date will begin receiving in-service distributions as of the normal retirement date unless the participant elects to defer the benefit until his or her actual date of retirement.
Termination	
Eligibility	Termination with vested rights.
Amount	Accrued benefit.
Benefit Commencement	Payable at normal retirement date, or on a reduced basis as early as age 55 if the participant has at least 15 years of vesting service. The reduction is the same as described above under Early Retirement if the participant was at least 55 years old at termination. The reduction is based on the plan's actuarial equivalence definition if the participant was under 55 years old at termination.
Vesting Schedule	100% vested after five years of vesting service or, if hired before March 1, 2007, age 65 if earlier.

Preretirement Death	
Eligibility	Death of a participant who has earned the right to a vested benefit.
Amount	
Benefit Commencement	For surviving spouses, the amount which would be payable if the participant terminated on his/her date of death, elected payment at the earliest eligibility for early retirement in the form of a qualified joint and survivor annuity, and died prior to the first payment. In the event there is no surviving spouse, the beneficiary or estate will receive the actuarial equivalent of the amount that would be payable to a surviving spouse of the same age as the participant. For surviving spouses, at the time the employee would have attained age 55, or immediately if the participant was eligible for an early retirement benefit. In the event there is no surviving spouse, the benefit is payable within one year following the participant's death.
Normal Form of Payment	Life annuity for single participants and actuarially equivalent joint and 50% survivor annuity for married participants.
Optional Forms	In lieu of the normal form of benefit, the participant may elect one of the optional forms on a basis actuarially equivalent to the normal form: straight life annuity, joint and 100% survivor benefit, joint and 75% survivor benefit, joint and 50% survivor benefit, 10-year certain and life annuity, or level payments with Social Security. If married, the participant's spouse must agree in writing if the benefit form elected is not the joint and 50% form.
Actuarial Equivalence	Annuity Form: 8% interest and the 1984 Unisex Pension Mortality Table with 20% male content for participants and beneficiaries. Lump Sum (applicable if less than $5,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Greenville Hospital System Pension Plan

Eligibility	Up to September 1, 1989: All full-time employees (those working 36 hours per week and five months per year excluding interns, residents, and physicians) eligible on first of month coincident with or next following completion of 12 months of employment and attainment of age 25. After September 1, 1989: All employees eligible upon completion of 12 months of service with 1,000 or more hours of service and attainment of age 25. In addition, all retirees receiving benefits under the informal plan as of September 1, 1989 will receive subsequent benefit payments from the Strategic Coordinating Organization Pension Plan. Eligibility is frozen effective August 31, 2010. Employees who had not met the eligibility requirements by August 31, 2010 shall not participate in the plan.
Credited Service	Up to September 1, 1989: Elapsed time measured from date of employment (includes years and full months of unbroken full-time employment). After September 1, 1989: Plan year with 1,000 or more hours of service. Total credited service shall not exceed 40 years.
Normal Retirement Date	First of month coincident with or next following attainment of age 65 and completion of five years of vesting service.
Compensation	Total base pay including performance awards, but excluding bonuses, overtime, shift differential, the cost of employee benefits, any deferred compensation contributions, and any other extraordinary remuneration.
Final Average Compensation	Highest five consecutive calendar years out of last 10.

Normal Retirement Benefit	0.75% of final average compensation multiplied by credited service up to 20 years, plus 1.5% of final average compensation multiplied by credited service in excess of 20 years (not to exceed an additional 20 years), plus 0.5% of final average compensation in excess of covered compensation (35 year average of Social Security taxable wage base based on participant's Social Security normal retirement age) multiplied by credited service not to exceed 35 years; subject to minimum monthly benefit of $5 multiplied by credited service up to 20 years (subject to a minimum of $50), or accrued benefit determined under prior plan as of August 31, 1989; normal form of benefit is a straight life annuity.
Employee Contributions	None.
Accrued Benefit	Normal retirement benefit based on final average compensation and covered compensation at date of determination and projected credited service at normal retirement date, multiplied by ratio of credited service at date of determination to projected credited service at normal retirement date (not to exceed 40 years on base formula portion or 35 years on excess formula portion); subject to minimum accrued benefit of accrued benefit under prior plan as of August 31, 1989. Accrued benefits were frozen effective August 31, 2010.
Early Retirement	Age 55 and 10 years of service; accrued benefit reduced by 1/15 for each of the first five years and 1/30 for each of the next two years that early retirement precedes age 62 (no reduction for retirement between age 62 and 65).
Delayed Retirement	Continuation in plan with continuing credit for service and compensation but not beyond August 31, 2010.
Disability Retirement	Disabled participant who has completed five years of service continued in plan during disability but not beyond August 31, 2010 at rate of compensation at date of disability.
Death Benefit	Benefit payable to spouse at participant’s earliest retirement date, calculated as if the participant lived to and retired on that date, and elected joint & 50% survivor annuity, with such 50% survivor annuity immediately payable to spouse.

Actuarial Equivalence	Annuity Form: 30-year Treasury rate for November and applicable mortality under 417(e). Lump Sum (applicable if less than $5,000): Segment rates and applicable mortality under 417(e) using a look back month of November.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

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

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

F051TF

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

L GHS/T P P

EIN 82 2595551
PLAN NUMBER 001
PLAN YEAR 09/01/2021 TO 08/31/2022

(A)	(B) Identity of issuer, 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
	ARROWSTREET	Common/Collective Trust ARROWSTREET GLOBAL EQUITY ACWI	$ 0.00	$ 51,514,995.04
	Boston Trust	Common/Collective Trust Boston TR Walden Collective In	$ 0.00	$ 11,590,099.28
	GLOBAL ALPHA	103-12 Entities GLOBAL ALPHA INTL SMALL CAP F	$ 0.00	$ 11,856,937.63
	STATE STREET GLOBAL ADVISORS	Common/Collective Trust S&P 500 R FLAGSHIP CLASS N	$ 0.00	$ 79,343,897.27
	BPIF NON TAXABLE L.P	Partnership / Joint Venture Transfer Business	$ 0.00	$ 51,527,426.52
	Transfer Business	Interest Bearing Cash Transfer Business	$ 0.00	$ 5,226,933.59
	Transfer Business	Corporate Debt - Other Transfer Business	$ 0.00	$142,044,469.67
	US TREASURY	Government Securities Transfer Business	$ 0.00	$ 45,778,884.50
	WILLIAM BLAIR	Common/Collective Trust WILLIAM BLAIR CIT	$ 0.00	$ 32,784,156.55
	STATE STREET GLOBAL ADVISORS	Common/Collective Trust 20 PLUS YEAR US TREASURY STRIPS	$ 0.00	$ 41,676,055.84

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)