

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: ENLOE MEDICAL CENTER PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1969
2a Plan sponsor's name (employer, if for a single-employer plan): ENLOE MEDICAL CENTER
2b Employer Identification Number (EIN): 94-1603784
2c Plan Sponsor's telephone number: 530-332-7030
2d Business code (see instructions): 622000

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

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

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

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	368
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	166
	6a(2)	142
	6b	134
	6c	62
	6d	338
	6e	4
	6f	342
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan <u>ENLOE MEDICAL CENTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ENLOE MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>94-1603784</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value	2a		<u>15754140</u>
b Actuarial value	2b		<u>17216384</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>126</u>	<u>10108032</u>	<u>10108032</u>
b For terminated vested participants	<u>76</u>	<u>2014484</u>	<u>2014484</u>
c For active participants	<u>166</u>	<u>6269820</u>	<u>6269820</u>
d Total	<u>368</u>	<u>18392336</u>	<u>18392336</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		<u>5.10 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>371000</u>
c Target normal cost	6c		<u>371000</u>

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

SIGN HERE			
	Signature of actuary	<u>04/11/2025</u>	Date
	<u>JOSANNE RAMSEY-HOMER</u>	<u>23-08154</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>415-733-4100</u>	Telephone number (including area code)
	<u>333 BUSH STREET FLOOR 4, SUITE 0400 SAN FRANCISCO, CA 94104</u>		
	Address of the firm		

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.94</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		430
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %		23
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		453
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	93.60 %
15	Adjusted funding target attainment percentage	15	93.60 %
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	96.51 %
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
10/12/2023	68686	0			
01/12/2024	68686	0			
04/11/2024	68686	0			
07/15/2024	68686	0			
03/04/2025	234855	0			
			Totals ▶	18(b)	18(c)
				509599	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 482017
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th		
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: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 371000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1175952		110597	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 481597
	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 481597
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 482017
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 420
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan ENLOE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ENLOE MEDICAL CENTER	D Employer Identification Number (EIN) 94-1603784	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

CAPITAL RESEARCH AND MANAGEMENT CO.

95-1411037

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

DODGE & COX FUNDS

94-1441976

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

T. ROWE PRICE **100 EAST PRATT STREET**
BALTIMORE, MD 21202

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

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

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	107264	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEGAL & GENERAL INVESTMENT

71 S. WACKER DRIVE
CHICAGO, IL 60606

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	18852	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRINCIPAL TRUST COMPANY

51-0099493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 25 72	TRUSTEE	11259	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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(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:	JOSANNE RAMSEY-HOMER	b EIN:	53-0181291
c Position:	ENROLLED ACTUARY		
d Address:	333 BUSH STREET FLOOR 4, SUITE 0400 SAN FRANCISCO, CA 94101	e Telephone:	415-733-4100

Explanation: THE PLAN CONTRACTED ANOTHER ACTUARY DURING THE 2023 PLAN YEAR, WITH A BEGINNING EFFECTIVE DATE OF JULY 1, 2024.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan ENLOE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ENLOE MEDICAL CENTER	D Employer Identification Number (EIN) 94-1603784

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

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	156142	61326
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	299798	303541
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	10	8014
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	2672
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5421971	7843635
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	9886397	7503593

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	15764318	15722781
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	15764318	15722781

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)	509599	
(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)		509599
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3884	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3884
(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)	95659	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		95659
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	7811970	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7792471	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		19499
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	241549	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1320976
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2191166

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1930936	
(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)		1930936
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	18852	
(6) Bank or trust company trustee/custodial fees	2i(6)	11259	
(7) Actuarial fees	2i(7)	107264	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	164392	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		301767
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2232703

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-41537
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MOSS ADAMS LLP**

(2) EIN: **91-0189318**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 533659.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan <u>ENLOE MEDICAL CENTER PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ENLOE MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>94-1603784</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 51-0099493

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	24
--	---	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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



*Report of Independent Auditors
and Financial Statements
with Supplemental Schedules*

Enloe Medical Center Pension Plan

June 30, 2024 and 2023

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Report of Independent Auditors

The Finance and Investments Committee of
Enloe Medical Center Pension Plan

Report on the Audit of the Financial Statements

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

We have performed audits of the financial statements of Enloe Medical Center Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Enloe Medical Center Pension Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Enloe Medical Center Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) – Schedule of Reportable Transactions as of and for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

A handwritten signature in cursive script that reads "Moss Adams LLP".

San Francisco, California

April 15, 2025

Financial Statements

Enloe Medical Center Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Registered investment companies	\$ 7,843,635	\$ 5,421,971
Money market fund	2,672	-
Pooled investment funds	<u>7,503,593</u>	<u>9,886,397</u>
Total investments	<u>15,349,900</u>	<u>15,308,368</u>
Employer's contributions receivable	303,541	299,798
Due from broker for securities sold	<u>69,340</u>	<u>156,152</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 15,722,781</u>	<u>\$ 15,764,318</u>

Enloe Medical Center Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2024 and 2023

	2024	2023
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in fair value of investments	\$ 1,582,024	\$ 911,182
Interest and dividends	99,543	54,801
	1,681,567	965,983
Less investment expenses	(18,852)	(26,490)
Total investment income	1,662,715	939,493
Contributions		
Employer	509,599	299,798
Total additions	2,172,314	1,239,291
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants	1,930,936	2,207,935
Administrative expenses	282,915	371,033
Total deductions	2,213,851	2,578,968
CHANGE IN NET ASSETS	(41,537)	(1,339,677)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	15,764,318	15,764,318
End of year	\$ 15,722,781	\$ 14,424,641

Enloe Medical Center Pension Plan

Notes to Financial Statements

NOTE 1 – DESCRIPTION OF PLAN

The following brief description of the Enloe Medical Center 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 Plan is a defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Enloe Medical Center (the Company) is the Plan's sponsor and serves as plan administrator.

Eligibility – Effective October 4, 1998, employee participation, eligibility, and pension benefits calculated in accordance with the Plan's provisions were frozen. The amendment did not apply to employees who had reached age 50 and had completed ten years or more of service. After October 4, 1998, no new employees were allowed to participate in the Plan.

Payment of benefits

Pension benefits and vesting – Employees with one or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) equal to their accrued benefits, as defined. Accrued benefits are determined, in general, upon a retirement formula related to an individual participant's compensation.

The Plan permits early retirement at ages 55 to 64 for participants who have completed at least ten years of service. All participants are fully vested in the Plan. Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly from retirement.

Death benefits – If a participant eligible for benefits dies, the surviving spouse or beneficiary receives a lump-sum distribution or a life annuity based upon the age 55 early retirement benefit (or date of death, if later) with the 50% joint and survivor option in effect.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Basis of accounting – The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

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

Investment valuation – The investments are reported at fair value. The Plan's trustee, Principal Bank, certifies the fair market value of all investments. If available, quoted market prices are used to value investments.

Fair value is the price that would be received to sell an asset or paid to transfer a liability (the exit price) in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Enloe Medical Center Pension Plan Notes to Financial Statements

Income recognition – Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of benefits – Benefit payments to participants are recorded upon distribution.

Expenses – Administrative expenses related to operating and maintaining the Plan are paid by the Company or the Plan, at the Company's discretion.

Subsequent events – Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before the financial statements are issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before the financial statements are issued.

The Plan has evaluated subsequent events through April 15, 2025, which is the date the financial statements were issued.

NOTE 3 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their years of credited service. The accumulated plan benefits for eligible participants is based on their benefits accrued as of July 1, 1992, plus 1.5% of compensation for each year of service credited after July 1, 1992. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the 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 following were changes in assumptions made as part of the 2023 valuation:

- The mortality assumption for lump sums based on annuity benefits was based on the PPA 2023 optional combined unisex mortality table.
- The administrative expense assumption changed to \$317,000 for 2023 based on actual expenses for the 2022 plan year. The method to determine the assumed plan-related expenses is unchanged.

Enloe Medical Center Pension Plan
Notes to Financial Statements

- The interest rate for purposes of determining liabilities in accordance with ASC 960 was 5.00% for 2023 and 4.00% for 2022. The mortality assumption remained the same and used the PRI-2012 Mortality Table using sex-distinct tables projected from 2012 with generational projection using scale MP-2021 with separate rates for healthy employees, healthy retirees, contingent survivors, and disabled participants.

The significant actuarial assumptions used in the valuations as of July 1, 2023, were (a) life expectancy of participants (the scale MP-2021 was used; see above), (b) retirement age assumptions (the assumed average retirement age was 65), and (c) investment return. The 2023 and 2022 valuations included assumed average rates of return of 5.00% and 4.00%, respectively, determined by the plan sponsor.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2023. Had the valuations been performed as of June 30, there would be no material differences.

The accumulated plan benefits as of June 30, 2023, were as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 10,055,560
Other participants	<u>8,313,829</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 18,369,389</u></u>

Enloe Medical Center Pension Plan Notes to Financial Statements

Changes in the actuarial present value of accumulated plan benefits for the year ended June 30, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 21,254,130</u>
Actuarial losses (gains)	206,176
Increase for interest due to the decrease in the discount period	806,007
Benefits paid	(2,207,935)
Changes in assumptions*	<u>(1,688,989)</u>
Net decrease	<u>(2,884,741)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 18,369,389</u></u>

*due to changes in discount rate and mortality tables used

NOTE 4 – FUNDING POLICY

Employee contributions – Contributions by participants are not required or permitted by the Plan.

Employer contributions – The Company’s funding policy is to make quarterly contributions to the Plan, such that all eligible employees’ benefits will be fully provided for by the time they retire.

The Company made the required contributions for the 2024 and 2023 plan years.

Although it has not expressed any intention to do so, 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.

NOTE 5 – FAIR VALUE MEASUREMENTS

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

The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and 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.

Enloe Medical Center Pension Plan

Notes to Financial Statements

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2024 and 2023.

Registered investment companies and money market fund (mutual funds): Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled investment funds: Units held in these funds are valued using the NAV practical expedient as reported by the account managers. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then based on the member's ownership interest in member's capital. The NAV is calculated based on a compilation of primarily observable market information. The Plan invests in the following pooled investment funds:

LGIMA Long Duration U.S. Credit Fund LLC – This fund's objective is to outperform the Barclays Capital Long U.S. Credit Index by investing fund assets in a diversified pool of long duration U.S. investment-grade assets while seeking to maximize total return through a combination of income and capital appreciation.

LGIMA U.S. Credit Fund LLC – This fund's objective is to outperform the Barclays Capital U.S. Credit Index by investing in a diversified pool of long duration U.S. investment-grade assets while seeking to maximize total return through a combination of income and capital appreciation.

The following table provides additional information for investments in certain entities that measure fair value using the NAV practical expedient:

	Fair Value 6/30/2024	Fair Value 6/30/2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period	Additional Restrictions
Pooled Investment Funds:						
LGIMA Long Duration U.S. Credit Fund LLC	\$ 3,726,123	\$ 4,963,689	\$ -	Bi-Monthly	10 business days	For withdrawals of more than 90% of members capital, 90% will be within 60 days and the remaining balance will be paid after completion of the fund's annual financial statement audit.
LGIMA U.S. Credit Fund LLC	<u>3,777,470</u>	<u>4,922,708</u>	-	Weekly	5 business days	For withdrawals of more than 90% of members capital, 90% will be within 60 days and the remaining balance will be paid after completion of the fund's annual financial statement audit.
	<u>\$ 7,503,593</u>	<u>\$ 9,886,397</u>				

Enloe Medical Center Pension Plan Notes to Financial Statements

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

The following tables disclose, by level, the fair value hierarchy of the Plan's assets at fair value as of June 30, 2024 and 2023:

	Fair Value Measurements at June 30, 2024			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 7,843,635	\$ -	\$ -	\$ 7,843,635
Money market funds	2,672	-	-	2,672
Total assets in the fair value hierarchy	\$ 7,846,307	\$ -	\$ -	7,846,307
Investments measured at NAV practical expedient				7,503,593
Total assets, at fair value				\$ 15,349,900

	Fair Value Measurements at June 30, 2023			Total
	Level 1	Level 2	Level 3	
Registered investment companies	\$ 5,421,971	\$ -	\$ -	\$ 5,421,971
Total assets in the fair value hierarchy	\$ 5,421,971	\$ -	\$ -	5,421,971
Investments measured at NAV practical expedient				9,886,397
Total assets, at fair value				\$ 15,308,368

NOTE 6 – INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Bank, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of June 30, 2024 and 2023.
- Net appreciation in fair value of investments, and interest and dividends reflected on the accompanying statements of changes in net assets available for benefits for the years ended June 30, 2024 and 2023.
- Investments reflected on the schedule of assets (held at end of year) as of June 30, 2024.
- Transactions reflected on the schedule of reportable transactions for the year ended June 30, 2024.
- Due from brokers for securities sold reflected on the accompanying statements of net assets available for benefits as of June 30, 2024 and 2023.

Enloe Medical Center Pension Plan

Notes to Financial Statements

NOTE 7 – TAX STATUS

The IRS has determined and informed the Company by a letter dated October 16, 2015, that the Plan, amended and restated effective July 1, 2015, is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, the plan administrator has evaluated the Plan's tax positions and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. 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 volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement 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 – TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan paid expenses related to the Plan's operations and investment management to various service providers.

NOTE 10 – PLAN TERMINATION

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

- 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.

Enloe Medical Center Pension Plan Notes to Financial Statements

- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during periods after July 1, 2024, the ceiling is \$7,108 per month. That ceiling applies to those annuitants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

Supplemental Schedules

Enloe Medical Center Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2024

Plan Sponsor: Enloe Medical Center
Employee Identification Number: 94-1603784
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	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
	LGIMA U.S. Credit Fund LLC	Pooled Investment Funds	\$ 3,946,816	\$ 3,777,470
	LGIMA Long Duration U.S. Credit Fund LLC	Pooled Investment Funds	4,371,968	3,726,123
	Vanguard 500 Index Fund Admiral	Registered Investment Company	1,917,534	2,190,843
	T. Rowe Price Institutional Large Cap Growth Fund	Registered Investment Company	866,665	1,781,092
	Dodge & Cox Stock Fund	Registered Investment Company	1,197,363	1,678,566
	American Funds EuroPacific Growth R6 Fund	Registered Investment Company	1,887,041	2,193,134
	Allspring Short Term Investment Fund	Money Market Fund	2,672	2,672
			<u>\$ 14,190,059</u>	<u>\$ 15,349,900</u>

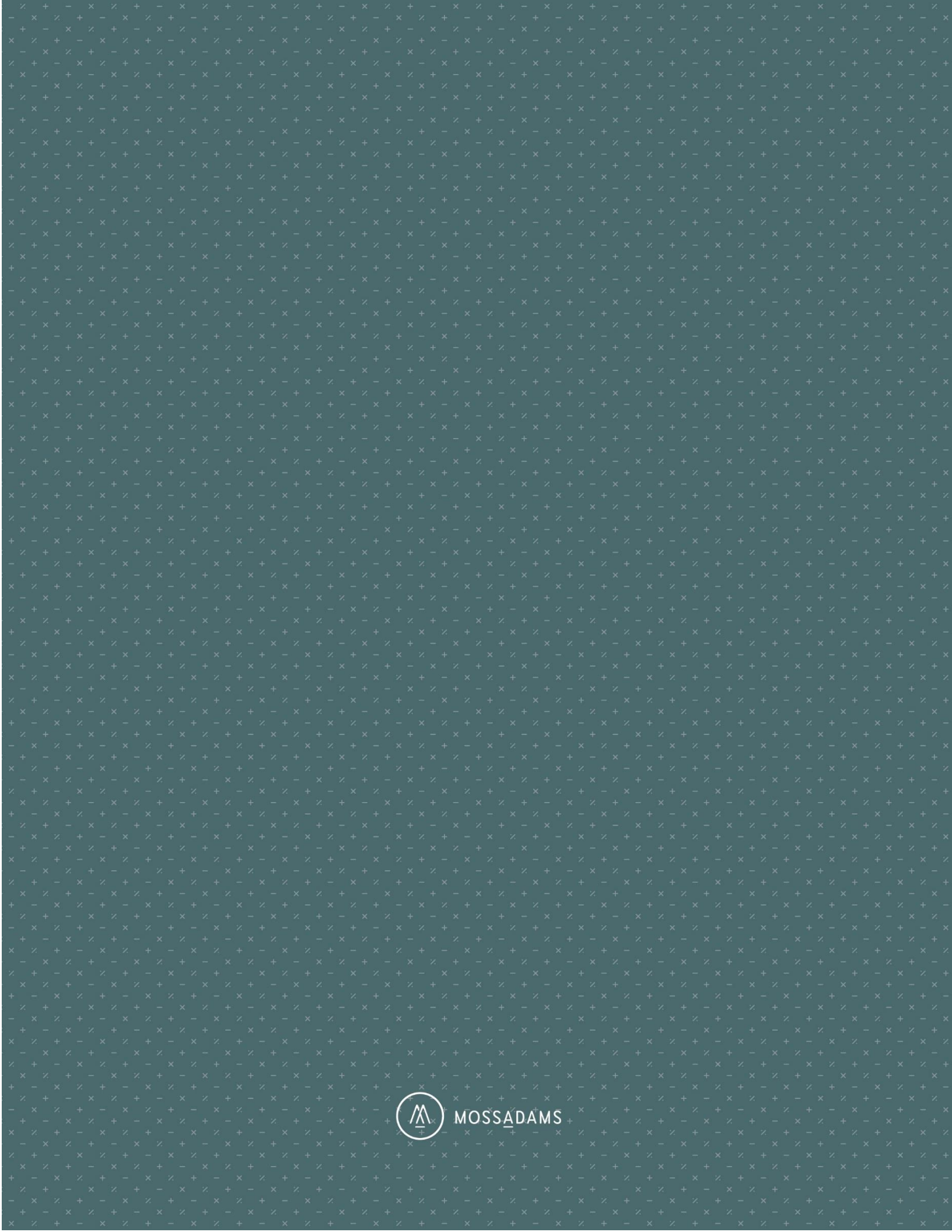
Column (a), party-in-interest to the Plan, is not applicable

Enloe Medical Center Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended June 30, 2024

Plan Sponsor: Enloe Medical Center
Employee Identification Number: 94-1603784
Plan Number: 001
Schedule H, Line 4(j)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series transactions in excess of 5% of Plan assets:						
L&G US Credit CIT Fund	Pooled Investment Funds					
6 sales		\$ -	\$ 1,334,427	\$ 1,446,908	\$ -	\$ (112,481)
L&G Long Duration US Credit CIT Fund	Pooled Investment Funds					
6 sales		\$ -	\$ 1,309,426	\$ 1,557,468	\$ -	\$ (248,042)
Blackrock Short Term Investment Fund	Cash Equivalent					
57 purchases		\$ 5,170,791	\$ -	\$ -	\$ 5,170,791	\$ -
63 sales		\$ -	\$ 5,168,118	\$ 5,168,118	\$ -	\$ -
Vanguard 500 Index Fund Admiral	Registered Investment Company					
4 purchases		\$ 2,771,072	\$ -	\$ -	\$ 2,771,072	\$ -
72 sales		\$ -	\$ 1,741,044	\$ 1,612,522	\$ -	\$ 128,522
4 reinvestments		\$ 24,963	\$ -	\$ -	\$ 24,963	\$ -
Individual transactions in excess of 5% of Plan assets:						
Blackrock Short Term Investment Fund	Cash Equivalent					
1 purchase, 2,197,186 shares		\$ 2,197,186	\$ -	\$ -	\$ 2,197,186	\$ -
1 sale, 2,160,336 shares		\$ -	\$ 2,160,336	\$ 2,160,336	\$ -	\$ -
1 purchase, 824,619 shares		\$ 824,619	\$ -	\$ -	\$ 824,619	\$ -
1 sale, 1,250,000 shares		\$ -	\$ 1,250,000	\$ 1,250,000	\$ -	\$ -
Vanguard 500 Index Fund Admiral	Registered Investment Company					
1 purchase, 3,343 shares		\$ 1,400,000	\$ -	\$ -	\$ 1,400,000	\$ -
1 purchase, 2,604 shares		\$ 1,250,000	\$ -	\$ -	\$ 1,250,000	\$ -
L&G US Credit CIT Fund	Pooled Investment Funds					
1 sale, 9,554 shares		\$ -	\$ 1,100,000	\$ 1,200,226	\$ -	\$ (100,226)
L&G Long Duration US Credit CIT Fund	Pooled Investment Funds					
1 sale, 9,337 shares		\$ -	\$ 1,100,000	\$ 1,312,792	\$ -	\$ (212,792)

Columns (e) and (f) are not applicable



MOSSADAMS

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of July 1, 2023

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	4	0	0	0	0	0	0	0	0	0	4
50-54	1	14	12	0	0	0	0	0	0	0	0	27
55-59	1	11	19	8	0	0	0	0	0	0	0	39
60-64	0	6	20	24	13	0	0	0	0	0	0	63
65-69	0	6	5	4	10	3	0	0	0	0	0	28
70 & over	0	0	2	2	0	1	0	0	0	0	0	5
Total	2	41	58	38	23	4	0	0	0	0	0	166

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

Plan Name: Enloe Medical Center Pension Plan
 EIN / PN: 94-1603784/001
 Plan Sponsor: Enloe Medical Center
 Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

Applicable month March

Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	2.50%
Second segment rate	5.00%	3.83%
Third segment rate	5.74%	4.06%
Effective interest rate	5.10%	3.79%

Annual rates of increase

Compensation: N/A

Future Social Security wage bases N/A

Statutory limits on benefits and compensation 3.50%

Cost of living adjustments None

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

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Administrative expense The amount included for administrative expenses is \$ 371,000 based on actual expenses for the 2023 plan year.

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

Mortality Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021 and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021.

Retirement For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage retiring during the year	
Age	Rate
55	2%
56	2%
57	2%
58	2%
59	2%
60	5%
61	5%
62	10%
63	5%
64	5%
65 & over	100%

Disability rates None

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Termination

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rate
20	6%
25	5%
30	5%
35	5%
40	5%
45	3%
50	3%
55	0%
60 and over	0%

Form of payment

75% of participants are assumed to elect a lump sum and 25% are assumed to elect a single life annuity. Lump sums are based on the greater of the plan assumptions:

- applicable PBGC interest rate and 1951 GAM(F), or
- the PPA applicable interest rate and the PPA 2023 optional combined unisex mortality table. The base table was updated by the IRS for lump sums in 2023.

The PBGC interest rate is estimated with a 3.000% interest rate. The PPA applicable interest rate is estimated by the 3-segment rates used for purposes of determining valuation liabilities.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of participants are assumed to be married, and male spouses are assumed to be 3 years older than female spouses.

Employees

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

Plan Compensation

Compensation assumed paid in the current year beginning on the valuation date equals the actual plan compensation paid in the prior year increased according to the compensation increase assumption.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Participant data Participant data was supplied by Enloe Medical Center as of the census date.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.

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

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

Benefits not valued All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Enloe Medical Center and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, adjusted as required to account for the fact that the plan’s lump sum conversion rate is based on either IRC §417(e) assumptions or plan assumptions, whichever produces the larger lump sum. The PBGC valuation interest rate assumption for lump sum conversions is 3.00%. This assumption is based on the expectation that future PBGC lump sum conversion rates will be approximately 2% lower than IRC §417(e) rates, based on a review of historical and expected future spreads between IRC §417(e) rates.
Rates of increase in:	
• Compensation and CPI	Assumed increases are based on plan sponsor expectations of future experience.
• Assumed return for asset smoothing	The assumed return of 5.00% used for asset smoothing is the expected return on assets assumption chosen by the client for the 2022 plan year under U.S. GAAP. We concurred with that assumption. The assumed return is limited as described in IRS Notice 2009-22.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on Enloe's experience, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on Enloe's experience, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience for Enloe's plan.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in herein, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	<p>The following changes in assumptions and methods were made as part of this valuation:</p> <ul style="list-style-type: none">• The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.• The mortality tables used to calculate the funding target and target normal cost were updated to use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.
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Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

- The mortality assumption for lump sums based on annuity benefits was updated from the PPA 2022 optional combined unisex mortality table to the PPA 2023 optional combined unisex mortality table.
- The PBGC valuation interest rate for lump sum conversions updated from 2.50% to 3.00%.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

Enloe Medical Center Pension Plan
Schedule H, Line 4(j) – Schedule of Reportable Transactions
For the Year Ended June 30, 2024

Plan Sponsor: Enloe Medical Center
Employee Identification Number: 94-1603784
Plan Number: 001
Schedule H, Line 4(j)

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Series transactions in excess of 5% of Plan assets:						
L&G US Credit CIT Fund	Pooled Investment Funds					
6 sales		\$ -	\$ 1,334,427	\$ 1,446,908	\$ -	\$ (112,481)
L&G Long Duration US Credit CIT Fund	Pooled Investment Funds					
6 sales		\$ -	\$ 1,309,426	\$ 1,557,468	\$ -	\$ (248,042)
Blackrock Short Term Investment Fund	Cash Equivalent					
57 purchases		\$ 5,170,791	\$ -	\$ -	\$ 5,170,791	\$ -
63 sales		\$ -	\$ 5,168,118	\$ 5,168,118	\$ -	\$ -
Vanguard 500 Index Fund Admiral	Registered Investment Company					
4 purchases		\$ 2,771,072	\$ -	\$ -	\$ 2,771,072	\$ -
72 sales		\$ -	\$ 1,741,044	\$ 1,612,522	\$ -	\$ 128,522
4 reinvestments		\$ 24,963	\$ -	\$ -	\$ 24,963	\$ -
Individual transactions in excess of 5% of Plan assets:						
Blackrock Short Term Investment Fund	Cash Equivalent					
1 purchase, 2,197,186 shares		\$ 2,197,186	\$ -	\$ -	\$ 2,197,186	\$ -
1 sale, 2,160,336 shares		\$ -	\$ 2,160,336	\$ 2,160,336	\$ -	\$ -
1 purchase, 824,619 shares		\$ 824,619	\$ -	\$ -	\$ 824,619	\$ -
1 sale, 1,250,000 shares		\$ -	\$ 1,250,000	\$ 1,250,000	\$ -	\$ -
Vanguard 500 Index Fund Admiral	Registered Investment Company					
1 purchase, 3,343 shares		\$ 1,400,000	\$ -	\$ -	\$ 1,400,000	\$ -
1 purchase, 2,604 shares		\$ 1,250,000	\$ -	\$ -	\$ 1,250,000	\$ -
L&G US Credit CIT Fund	Pooled Investment Funds					
1 sale, 9,554 shares		\$ -	\$ 1,100,000	\$ 1,200,226	\$ -	\$ (100,226)
L&G Long Duration US Credit CIT Fund	Pooled Investment Funds					
1 sale, 9,337 shares		\$ -	\$ 1,100,000	\$ 1,312,792	\$ -	\$ (212,792)

Columns (e) and (f) are not applicable

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

A Name of plan ENLOE MEDICAL CENTER 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 ENLOE MEDICAL CENTER	D Employer Identification Number (EIN) 94-1603784	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2 Assets:			
a Market value.....		2a	15,754,140
b Actuarial value		2b	17,216,384
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	126	10,108,032	10,108,032
b For terminated vested participants.....	76	2,014,484	2,014,484
c For active participants.....	166	6,269,820	6,269,820
d Total	368	18,392,336	18,392,336
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate.....		5	5.10%
6 Target normal cost			
a Present value of current plan year accruals.....		6a	0
b Expected plan-related expenses		6b	371,000
c Target normal cost.....		6c	371,000

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

SIGN HERE	Josanne Ramsey-Homer <i>JRH</i> Signature of actuary	4/11/2025 Date
	JOSANNE RAMSEY-HOMER Type or print name of actuary	2308154 Most recent enrollment number
	Willis Towers Watson US LLC Firm name	415-733-4100 Telephone number (including area code)
	333 Bush Street Floor 4, Suite 0400 San Francisco CA 94104 Address of the firm	

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

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.94</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		430
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.25</u> %.....		23
	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.....		453
	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	93.60 %
15	Adjusted funding target attainment percentage	15	93.60 %
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	96.51 %
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
10/12/2023	68,686	0			
01/12/2024	68,686	0			
04/11/2024	68,686	0			
07/15/2024	68,686	0			
03/04/2025	234,855	0			
			Totals ▶	18(b)	18(c)
				509,599	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	482,017

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	371,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,175,952	110,597
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	481,597
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	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	481,597
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	482,017

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

a Total (excess, if any, of line 37 over line 36)	38a	420
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years.....	40	0

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The PBGC valuation interest rate for lump sum conversions updated from 2.50% to 3.00%.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of July 1, 2023

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	07/01/2023	522,520	15.00000	522,520	47,853
2. Shortfall	07/01/2022	678,965	14.00000	653,432	62,744
Total				1,175,952	110,597

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

Applicable month March

Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.75%	2.50%
Second segment rate	5.00%	3.83%
Third segment rate	5.74%	4.06%
Effective interest rate	5.10%	3.79%

Annual rates of increase

Compensation: N/A

Future Social Security wage bases N/A

Statutory limits on benefits and compensation 3.50%

Cost of living adjustments None

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

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Administrative expense The amount included for administrative expenses is \$ 371,000 based on actual expenses for the 2023 plan year.

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

Mortality Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021 and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021.

Retirement For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

Percentage retiring during the year	
Age	Rate
55	2%
56	2%
57	2%
58	2%
59	2%
60	5%
61	5%
62	10%
63	5%
64	5%
65 & over	100%

Disability rates None

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Termination

Representative Termination Rates

Percentage leaving during the year	
Attained Age	Rate
20	6%
25	5%
30	5%
35	5%
40	5%
45	3%
50	3%
55	0%
60 and over	0%

Form of payment

75% of participants are assumed to elect a lump sum and 25% are assumed to elect a single life annuity. Lump sums are based on the greater of the plan assumptions:

- applicable PBGC interest rate and 1951 GAM(F), or
- the PPA applicable interest rate and the PPA 2023 optional combined unisex mortality table. The base table was updated by the IRS for lump sums in 2023.

The PBGC interest rate is estimated with a 3.000% interest rate. The PPA applicable interest rate is estimated by the 3-segment rates used for purposes of determining valuation liabilities.

Percent married

For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of participants are assumed to be married, and male spouses are assumed to be 3 years older than female spouses.

Employees

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

Plan Compensation

Compensation assumed paid in the current year beginning on the valuation date equals the actual plan compensation paid in the prior year increased according to the compensation increase assumption.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Participant data Participant data was supplied by Enloe Medical Center as of the census date.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.

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

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

Benefits not valued All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions with Enloe Medical Center and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Lump sum conversion rate	As required by IRC §430, lump sum benefits are valued using “annuity substitution”, adjusted as required to account for the fact that the plan’s lump sum conversion rate is based on either IRC §417(e) assumptions or plan assumptions, whichever produces the larger lump sum. The PBGC valuation interest rate assumption for lump sum conversions is 3.00%. This assumption is based on the expectation that future PBGC lump sum conversion rates will be approximately 2% lower than IRC §417(e) rates, based on a review of historical and expected future spreads between IRC §417(e) rates.
Rates of increase in:	
• Compensation and CPI	Assumed increases are based on plan sponsor expectations of future experience.
• Assumed return for asset smoothing	The assumed return of 5.00% used for asset smoothing is the expected return on assets assumption chosen by the client for the 2022 plan year under U.S. GAAP. We concurred with that assumption. The assumed return is limited as described in IRS Notice 2009-22.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on Enloe's experience, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on Enloe's experience, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	The percentage of retiring participants assumed to take lump sums is based on observed experience for Enloe's plan.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in herein, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	<p>The following changes in assumptions and methods were made as part of this valuation:</p> <ul style="list-style-type: none">• The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC 430.• The mortality tables used to calculate the funding target and target normal cost were updated to use the MP-2020 projection scale as specified in the regulations under §1.430(h)(3)-1.
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Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

- The mortality assumption for lump sums based on annuity benefits was updated from the PPA 2022 optional combined unisex mortality table to the PPA 2023 optional combined unisex mortality table.
- The PBGC valuation interest rate for lump sum conversions updated from 2.50% to 3.00%.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan was originally effective January 1, 1969. The Plan was amended effective October 4, 1998 to freeze participation and benefits except for certain older, long service employees, as a part of the restructuring of Enloe Medical Center total Retirement Program. The plan was amended and restated effective July 1, 2014.

Coverage and participation

Prior to October 4, 1998, employees who had attained age 18 and completed at least one year of service.

On or after October 4, 1998, the only employees eligible to participate are those who had attained age 50 and completed at least ten years of service as of October 4, 1998, and who did not elect to join the new defined contribution retirement plan in lieu of coverage under this plan.

Plan participation and accruals are restricted to non-highly compensated employees.

Eligibility for Benefits

Normal retirement

Age 65

Early retirement

Age 55 and 10 years of service

Postponed retirement

Any time after age 65

Vested termination

The plan was amended to provide that all participants who were employed on October 4, 1998 are fully vested after that date. Prior to October 4, 1998, participants had to complete at least five years of service or attain age 65 to be vested.

Disability

Not applicable.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Benefit accrued as of July 1, 1992 plus For each year of benefit service after July 1, 1992: 1.50% of compensation earned in that year
Early retirement	The benefit accrued to the early retirement date reduced by 1/15 for each of the first five years and 1/30 for each of the next five years that the early retirement date precedes the normal retirement date
Postponed retirement	The greater of the benefit accrued to the deferred retirement date or the actuarial equivalent of the benefit accrued to the normal retirement date
Vested termination	The benefit accrued to the date of termination payable commencing on the normal retirement date
Disablement	Not applicable
Preretirement death	The surviving spouse of a deceased participant eligible for benefits is entitled to a life annuity equal to 50% of the amount the participant would have received if he had terminated on date of death and had commenced receiving benefits as soon as permitted under a joint and survivor annuity with 50% continuance. The lump sum payment option is available to the surviving spouse. Effective December 31, 2013, the plan was amended to eliminate the preretirement death benefit coverage for non-married participants.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

The normal retirement benefit is a life annuity. The automatic form of benefit for a married participant is a reduced joint and survivor annuity with 50% continuance which is actuarially equivalent to the life annuity.

The plan provides optional payment forms, including Joint and Survivor and Certain and Life annuities.

Lump-sum distributions are permitted. Lump sums are calculated using the greater of Plan assumptions and the interest and mortality required by the Pension Protection Act of 2006.

Pension Increases

Not applicable

Plan participants' contributions

They are neither required nor permitted

Changes in Benefits Valued Since Prior Year

There were no changes in plan provisions that had an effect on valuation results

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of July 1, 2023

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	0	0	0	0	0
45-49	0	4	0	0	0	0	0	0	0	0	0	4
50-54	1	14	12	0	0	0	0	0	0	0	0	27
55-59	1	11	19	8	0	0	0	0	0	0	0	39
60-64	0	6	20	24	13	0	0	0	0	0	0	63
65-69	0	6	5	4	10	3	0	0	0	0	0	28
70 & over	0	0	2	2	0	1	0	0	0	0	0	5
Total	2	41	58	38	23	4	0	0	0	0	0	166

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

Plan Name: Enloe Medical Center Pension Plan
 EIN / PN: 94-1603784/001
 Plan Sponsor: Enloe Medical Center
 Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Enloe Medical Center
EIN/PN	94-1603784/001
Plan Name	Enloe Medical Center Pension Plan
Valuation Date	July 1, 2023
Enrolled Actuary	Josanne Ramsey-Homer
Enrollment Number	23-08154

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of July 1, 2023

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.02	1,000	1.000000	0.020000	1.100000
56	0.02	980	0.980000	0.019600	1.097600
57	0.02	960	0.960400	0.019208	1.094856
58	0.02	941	0.941192	0.018824	1.091783
59	0.02	922	0.922368	0.018447	1.088394
60	0.05	904	0.903921	0.045196	2.711762
61	0.05	859	0.858725	0.042936	2.619111
62	0.10	816	0.815789	0.081579	5.057889
63	0.05	734	0.734210	0.036710	2.312760
64	0.05	697	0.697499	0.034875	2.231997
65	1.00	663	0.662624	0.662624	43.070575
Average age at retirement					63.476727
Rounded for Schedule SB item 22					63

Plan Name: Enloe Medical Center Pension Plan
 EIN / PN: 94-1603784/001
 Plan Sponsor: Enloe Medical Center
 Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Enloe Medical Center
EIN/PN	94-1603784/001
Plan Name	Enloe Medical Center Pension Plan
Valuation Date	July 1, 2023
Enrolled Actuary	Josanne Ramsey-Homer
Enrollment Number	23-08154

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

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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of July 1, 2023

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x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
55	0.02	1,000	1.000000	0.020000	1.100000
56	0.02	980	0.980000	0.019600	1.097600
57	0.02	960	0.960400	0.019208	1.094856
58	0.02	941	0.941192	0.018824	1.091783
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Average age at retirement					63.476727
Rounded for Schedule SB item 22					63

Plan Name: Enloe Medical Center Pension Plan
 EIN / PN: 94-1603784/001
 Plan Sponsor: Enloe Medical Center
 Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The Plan was originally effective January 1, 1969. The Plan was amended effective October 4, 1998 to freeze participation and benefits except for certain older, long service employees, as a part of the restructuring of Enloe Medical Center total Retirement Program. The plan was amended and restated effective July 1, 2014.

Coverage and participation

Prior to October 4, 1998, employees who had attained age 18 and completed at least one year of service.

On or after October 4, 1998, the only employees eligible to participate are those who had attained age 50 and completed at least ten years of service as of October 4, 1998, and who did not elect to join the new defined contribution retirement plan in lieu of coverage under this plan.

Plan participation and accruals are restricted to non-highly compensated employees.

Eligibility for Benefits

Normal retirement

Age 65

Early retirement

Age 55 and 10 years of service

Postponed retirement

Any time after age 65

Vested termination

The plan was amended to provide that all participants who were employed on October 4, 1998 are fully vested after that date. Prior to October 4, 1998, participants had to complete at least five years of service or attain age 65 to be vested.

Disability

Not applicable.

Plan Name: Enloe Medical Center Pension Plan
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Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Benefit accrued as of July 1, 1992 plus For each year of benefit service after July 1, 1992: 1.50% of compensation earned in that year
Early retirement	The benefit accrued to the early retirement date reduced by 1/15 for each of the first five years and 1/30 for each of the next five years that the early retirement date precedes the normal retirement date
Postponed retirement	The greater of the benefit accrued to the deferred retirement date or the actuarial equivalent of the benefit accrued to the normal retirement date
Vested termination	The benefit accrued to the date of termination payable commencing on the normal retirement date
Disablement	Not applicable
Preretirement death	The surviving spouse of a deceased participant eligible for benefits is entitled to a life annuity equal to 50% of the amount the participant would have received if he had terminated on date of death and had commenced receiving benefits as soon as permitted under a joint and survivor annuity with 50% continuance. The lump sum payment option is available to the surviving spouse. Effective December 31, 2013, the plan was amended to eliminate the preretirement death benefit coverage for non-married participants.

Plan Name: Enloe Medical Center Pension Plan
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SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

The normal retirement benefit is a life annuity. The automatic form of benefit for a married participant is a reduced joint and survivor annuity with 50% continuance which is actuarially equivalent to the life annuity.

The plan provides optional payment forms, including Joint and Survivor and Certain and Life annuities.

Lump-sum distributions are permitted. Lump sums are calculated using the greater of Plan assumptions and the interest and mortality required by the Pension Protection Act of 2006.

Pension Increases

Not applicable

Plan participants' contributions

They are neither required nor permitted

Changes in Benefits Valued Since Prior Year

There were no changes in plan provisions that had an effect on valuation results

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

Enloe Medical Center Pension Plan
Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year)
June 30, 2024

Plan Sponsor: Enloe Medical Center
Employee Identification Number: 94-1603784
Plan Number: 001
Schedule H, Line 4(i)

(a)	(b)	(c)	(d)	(e)
	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
	LGIMA U.S. Credit Fund LLC	Pooled Investment Funds	\$ 3,946,816	\$ 3,777,470
	LGIMA Long Duration U.S. Credit Fund LLC	Pooled Investment Funds	4,371,968	3,726,123
	Vanguard 500 Index Fund Admiral	Registered Investment Company	1,917,534	2,190,843
	T. Rowe Price Institutional Large Cap Growth Fund	Registered Investment Company	866,665	1,781,092
	Dodge & Cox Stock Fund	Registered Investment Company	1,197,363	1,678,566
	American Funds EuroPacific Growth R6 Fund	Registered Investment Company	1,887,041	2,193,134
	Allspring Short Term Investment Fund	Money Market Fund	2,672	2,672
			<u>\$ 14,190,059</u>	<u>\$ 15,349,900</u>

Column (a), party-in-interest to the Plan, is not applicable

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of July 1, 2023

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	07/01/2023	522,520	15.00000	522,520	47,853
2. Shortfall	07/01/2022	678,965	14.00000	653,432	62,744
Total				1,175,952	110,597

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The PBGC valuation interest rate for lump sum conversions updated from 2.50% to 3.00%.

Plan Name: Enloe Medical Center Pension Plan
EIN / PN: 94-1603784/001
Plan Sponsor: Enloe Medical Center
Valuation Date: July 1, 2023